2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # M98000000275** 04-16-2007 90348 014 ****50.00 KINDRED NURSING CENTERS EAST, L.L.C. Principal Place of Business Mailing Address 60037013 **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** ATTN: TAX DEPT. ATTN: TAX DEPT. LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 52-2085557 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Detete TITLE ☐ Change ☐ Addition CHAPMAN, RICHARD E NAME NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME LECHLEITER, RICHARD A NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Addition TITLE Change | NAME BOWEN, LANE M MARKE STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE SVPT Delete TITLE ☐ Change ■ Addition NAME ROBINSON, HANK NAME STREET ADDRESS 680 S. FOURTH ST STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition ALTMAN, WILLIAM M NAME NAME STREET ADDRESS 680 S. FOURTH ST STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-7/P TITLE VΡ ☐ Delete TITLE ☐ Change ☐ Addition ATHANAS, PAMELA J NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

olluman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

680 S. FOURTH ST

LOUISVILLE, KY 40202

STREET ADDRESS

CITY-ST-ZIP

FILED

ATTACHMENT 60037013

#M98000000275

As of 2/26/2007

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ATTACHMENT 60037013 As of 2/26/2007
#11980000000275

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ATTACHMENT 60037013

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