2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# M98000000275

Entity Name: KINDRED NURSING CENTERS EAST, L.L.C.

Current Principal Place of Business:

680 SOUTH FOURTH STREET
ATTN: TAX DEPT.
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

680 SOUTH FOURTH STREET
ATTN: TAX DEPT.
LOUISVILLE, KY 40202

New Mailing Address:

FEI Number: 52-2085557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHAPMAN, RICHARD E
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR ( ) Delete
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR ( ) Delete
Name: BOWEN, LANE M
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: SVPT ( ) Delete
Name: ROBINSON, HANK
Address: 680 S. FOURTH ST
City-St-Zip: LOUISVILLE, KY 40202

Title: SVP ( ) Delete
Name: ALTMAN, WILLIAM M
Address: 680 S. FOURTH ST
City-St-Zip: LOUISVILLE, KY 40202

Title: VP ( ) Delete
Name: ATHANAS, PAMELA J
Address: 680 S. FOURTH ST
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: HANK ROBINSON SVPT 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date