

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000275

FILED
Mar 30, 2012
Secretary of State

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
Name: CHAPMAN, RICHARD E
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

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

Title: MGR
Name: LANDENWICH, JOSEPH L
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

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

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

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

I hereby 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

03/30/2012

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