FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2003 8:00 am Secretary of State DOCUMENT # M98000000275 04-15-2003 90029 028 ****50.00 KINDRED NURSING CENTERS EAST, L.L.C. Principal Place of Business Mailing Address 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. (X) CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE Addition TITLE ☐ Delete James:H Jr Gillenwater, GILLNEWATER, JAMES H JR. NAME NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** MGR ☐ Delete TITLE Change ☐ Addition TITLE LECHLEITER, RICHARD A NAME NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE REIDMAN, SUZANNE NAME NAME STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** Addition ☐ Delete Change TITLE TITLE MGR NAME Hank Robinson NAME STREET ADDRESS STREET ADDRESS 680 South Fourth Street CITY-ST-7IP CITY-ST-ZIP Louisville, KY 40202 Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change . TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-7IP

CITY-ST-7IP

Attachment 30055173 #198000000275

Kindred Nursing Centers East, LLC

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