2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Jan 31, 2008 8:00 am Secretary of State DOCUMENT # M98000000276 01-31-2008 90065 024 ***138.75 KINDRED HOSPITALS EAST, L.L.C. Principal Place of Business Mailing Address **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** LOUISVILLE, KY 40202-2412 LOUISVILLE, KY 40202-2412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 52-2085555 Not Applicable 7in 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 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition LECHLEITER, RICHARD A NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-ZIP TITI F ☐ Delete ☐ Change Addition NAME CHAPMAN, RICHARD E NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 402022412 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BATTAFARANO, FRANK J NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 402022412 CITY-ST-ZIP Sr. VP. Tax, Treasurer TITLE MGRM ☐ Defete TITLE Change Addition ROBINSON, HANK NAME NAME STREET ADORESS 680 S FOURTH ST STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP ☐ Delete TITLE CCO. SR VP Change ☐ Addition MULDOON, SEAN R NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP SVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIEDMAN, M. SUZANNE NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

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

FILED

502-596-7300

Kindred Hospitals East, L.L.C.

Officers

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Directors / Officers Report

ATTACHMENT 600050527 #M98000000276

As of 1/18/2008

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As of 1/18/2008

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Senior Vice President, Finance, Hospital Division

Directors / Officers Report

#M98000000276

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