| No. <b>C 183936</b>   |   | Due no later than Jul 31, 2018   |                                     | 2. Registered Agent and Address (NO PO BOX)   |                   |                         |  |
|---|---|--|-------------------------------------|---|-------------------|-------------------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | LIFE CARE C<br>JOAN E. TH<br>3570 KEITH | Annual Report Form  1. Mailing Address: Correct in this box if needed.  LIFE CARE CENTERS OF AMERICA, INC.  JOAN E. THURMOND  3570 KEITH ST NW  CLEVELAND TN 37312 |                                     | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:* |                   |                         |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |  |                                     |   |                   |                         |  |
| 4. Corporations: Enter Names and E  | usiness Addresses o                     | f President, Secretary, and Directors. Treas   | surer (optional).                   |   |                   |                         |  |
| Office Held Name  |   | Street or PO Address   | City                                | State   | Country           | Postal Code             |  |
| SECRETARY CINDY C   | ZIEGLER<br>ROSS<br>HUNTER               | 3570 KEITH ST NW<br>3570 KEITH ST NW<br>3570 KEITH ST NW   | CLEVELAND<br>CLEVELAND<br>CLEVELAND | TN<br>TN<br>TN  | USA<br>USA<br>USA | 37312<br>37312<br>37312 |  |
| 5. Organized Under the Laws of: 6. Annu   |   | ort must be signed.*   |                                     |   |                   |                         |  |
| TN<br>C 183936  |   |  |                                     | Date: 05/25/2018 Title: Assistant Secretary   |                   |                         |  |
| Processed 05/25/2018  | * Electronically                        | * Electronically provided signatures are accepted as original signatures.  |                                     |   |                   |                         |  |