

MI 800007153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

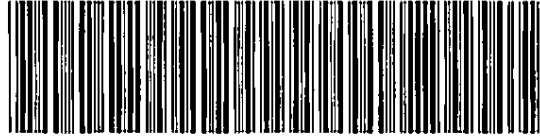
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

D. BRUCE  
AUG 04 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

RehabCare Group Management Services, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

|                                                                    |
|--------------------------------------------------------------------|
| Name of Person                                                     |
| RehabCare Group Management Services, LLC                           |
| Firm/Company                                                       |
| 680 South Fourth Street                                            |
| Address                                                            |
| Louisville, KY 40202                                               |
| City/State and Zip Code                                            |
| beth.payton@kindred.com                                            |
| E-mail address: (to be used for future annual report notification) |

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For further information concerning this matter, please call:

|                        |              |                          |
|------------------------|--------------|--------------------------|
| Beth Payton            | 502          | 596-7275                 |
| _____                  | at ( _____ ) | _____                    |
| Name of Contact Person | Area Code    | Daytime Telephone Number |

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. RehabCare Group Management Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DE (Jurisdiction under the law of which foreign limited liability company is organized)      3. 36-4204216 (FEI number, if applicable)

4. 12/22/2015  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 680 South Fourth Street (Street Address of Principal Office)      6. \_\_\_\_\_ (Mailing Address)  
Louisville, KY 40202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporatin System (Registered agent's signature)      James M. Halpin Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u>                                                                 | <u>Title or Capacity:</u> | <u>Name and Address:</u>                                                                   |
|---------------------------|------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|
| <u>Manager</u>            | <u>Joel W. Day</u><br><u>680 South Fourth Street</u><br><u>Louisville, KY 40202</u>      | <u>Manager</u>            | <u>Joseph Landenwisch</u><br><u>680 South Fourth Street</u><br><u>Louisville, KY 40202</u> |
| <u>Manager</u>            | <u>James T. Flowers</u><br><u>680 South Fourth Street</u><br><u>Louisville, KY 40202</u> | _____                     | _____                                                                                      |

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James T. Flowers  
Signature of an authorized person

James T. Flowers  
Typed or printed name of signee