I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JOSEPH LANDENWICH	MANAGER	03/16/2020

SIGNATURE: JOSEPH LANDENWICH

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title Nam JOSEPH OURTH STREET Y 40202

### Electronic Signature of Registered Agent

e	MGR	Title	MGR
me	DAY, JOEL W	Name	LANDENWICH,
dress	680 SOUTH FOURTH STREET	Address	680 SOUTH FO
y-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY
е	MGR		
me	FLOWERS, JAMES T		
dress	680 SOUTH FOURTH STREET		

### Add

City-State-Zip:	LOUISVILLE KY 40202
Title	MGR
Name	FLOWERS, JAMES T
Address	680 SOUTH FOURTH STREET
City-State-Zip:	LOUISVILLE KY 40202

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:

## LOUISVILLE, KY 40202

### FEI Number: 36-4204216

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 US

LOUISVILLE, KY 40202 **Current Mailing Address:** 

680 SOUTH FOURTH STREET

DOCUMENT# M18000007153

## 680 SOUTH FOURTH STREET

#### Entity Name: REHABCARE GROUP MANAGEMENT SERVICES, LLC **Current Principal Place of Business:**

# 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### Certificate of Status Desired: No

Date

FILED Mar 16, 2020 Secretary of State 3986365832CC

Date