

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 18, 2019
Secretary of State
5340183314CC

Entity Name: REHABCARE GROUP MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

Current Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

FEI Number: 36-4204216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DAY, JOEL W
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title MGR
Name LANDENWICH, JOSEPH
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date