# FOR OU OU 000 39 77

120 South Central Avenue Clayton, MO 63105 Tel. 314 863 5545

Fax 314 863 1578 June 20, 2000

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 500003305175--8 -06/25/00-01147-005 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

RE:

REHABCARE GROUP THERAPY SERVICES, INC.

Order # 2228774

Dear Sir/Madam:

Enclosed for filing on behalf of the above entity are the following papers:

QUALIFICATION

A check to cover the filing fee, if required, is attached. Please forward the usual evident filing to my attention.

Very truly yours,

Jonathan Miles Assistant Secretary

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 2000

JONATHAN MILES CT CORPORATION SYSTEM 120 SOUTH CENTRAL AVENUE CLAYTON, MO 63105

SUBJECT: REHABCARE GROUP THERAPY SERVICES, INC.

Ref. Number: W00000016510

We have received your document for REHABCARE GROUP THERAPY SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 of 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 800A00036578

#### **CT** CORPORATION SYSTEM

120 South Central Avenue Clayton, MO 63105 Tel. 314 863 5545 Fax 314 863 1578

July 11, 2000

Tammi Cline Corporation Department Secretary of State P. O. Box 6327 Tallahassee, Fla. 32314

RE: REHABCARE GROUP THERAPY SERVICES, INC.

Order # 2228774

Dear Ms. Cline:

Returned herewith are corrected qualification papers for the above. Please forward the usual evidence of filing to my attention.

Very truly yours,

Jonathan Miles Assistant Secretary JUL 17 PM 2:

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Rehabo                  | e Group Therapy Services, Inc.   |            |          |       |
|----------------------------|--|------------|----------|-------|
| words o                    | corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or bbreviations of like import in language as will clearly indicate that it is a corporation instead of a rson or partnership if not so contained in the name at present.)   |            |          |       |
| 2. Missou<br>(State or     | ountry under the law of which it is incorporated)  3. 43-1592574  (FEI number, if applicable)  |            | _        |       |
| 4. 10-21-9                 | 5. perpetual .   |            |          |       |
|                            | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual  | l")        | _        |       |
| 6. <b>(</b>                | on qualification e first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  |            |          |       |
|                            | e first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  yth Blvd., Ste. 1700, St. Louis, Mo. 63105   | TALL       | . 00     |       |
| ,. <u></u>                 |  | ¥M         | _=       |       |
|                            | (Current mailing address)  | ARY OF     | 7 PH     | FILED |
| 8. Physica                 | ehabilitation.   | FLC        | <u>~</u> |       |
| (H                         | pose(s) of corporation authorized in home state or country to be carried out in state of Florida)  | ATE        |          |       |
| 9. Name                    | d street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable  | le)        | _        |       |
| N                          | ne: CT Corporation System  |            |          |       |
| Office Ad                  | ess: 1200 South Pine Island Road   |            | ٠.       |       |
|                            | Plantation , Florida, 33324 (Zip code)   |            |          |       |
| 10. Regis                  | red agent's acceptance:  |            |          |       |
| this applic<br>with the pr | named as registered agent and to accept service of process for the above stated corporation at the p. on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further o isions of all statutes relative to the proper and complete performance of my duties, and I am familia us of my position as registered agent. C T Corporation System | agree to d | comply   | •     |

J. L. Miles - Asst. Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

| Chairman: see attached list   |                                       |               |                                       |
|---|---------------------------------------|---------------|---------------------------------------|
| Chairman: see attached list   |                                       |               |                                       |
| ddress:   | <del> </del>                          |               |                                       |
|   |                                       |               |                                       |
| ice Chairman:   |                                       |               |                                       |
| ddress:   |                                       |               |                                       |
|   |                                       |               |                                       |
|   |                                       |               |                                       |
| irector:  |                                       |               | <del></del>                           |
| ddress:   |                                       | <del></del>   | 1,000                                 |
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| irector:  |                                       |               |                                       |
| ddress:   |                                       |               | <del> </del>                          |
|   |                                       | SE            | Q                                     |
| . OFFICERS (Street address only - P.O. Box NOT acceptable)                    |                                       | CR            | inr o                                 |
| resident: see attached list   |                                       | 75            |                                       |
|   |                                       | SEE<br>SEE    | ILE<br>7                              |
| ddress:   | · · · · · · · · · · · · · · · · · · · | FL<br>FL<br>S | <u> </u>                              |
|   |                                       | STATE         | <u> </u>                              |
| ice President:  |                                       | <u> </u>      | <u> </u>                              |
| ddress:   |                                       |               | <del> </del>                          |
|   |                                       |               |                                       |
| ecretary:   |                                       |               |                                       |
|   | · · · · · · · · · · · · · · · · · · · | ₹.∄ -         |                                       |
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|   | · · · · · · · · · · · · · · · · · · · | V -           | <del></del>                           |
| reasurer:   |                                       |               |                                       |
| ddress:   | <del></del>                           |               |                                       |
|   |                                       |               | <del></del>                           |
| NOTE: If necessary, you may attach an addendum to the application listing add | ditional officers and/or directors.   |               |                                       |
|   |                                       |               |                                       |
| (Signature of Chairman, Vice Chairman, or any officer listed in               | number 12 of the application)         |               | ··                                    |
| 4. John R. Finken Keller  |                                       |               |                                       |
| (Typed or printed name and capacity of personal capacity)                     | on signing application)               |               |                                       |

### REHABCARE GROUP THERAPY SERVICES, INC.

#### **OFFICERS**

| ALAN C. HENDERSON    | 118 Frontenac Forest<br>St. Louis, MO 63131     | CEO                | 488-50-2180  |
|----------------------|---|--------------------|--|
| GREGORY F. BELLOMY   | 1200 Lewis Spring Dr.<br>Chesterfield, MO 63005 | PRES.              | 466-13-6448  |
| JOHN R. FINKENKELLER | 10771 Roxanna Drive<br>St. Louis, MO 63128      | CFO/SEC/<br>TREAS. | 499-50-9093  |
| JAMES M. DOUTHITT    | 727 Vista Hills Ct.<br>Eureka, MO 63025         | VP                 | 403-06-2867  |
|                      | •   |                    |  |
| DIRECTORS            | у.<br>У   |                    | ·  |
| ALAN C. HENDERSON    | 118 Frontenac Forest<br>St. Louis, MO 63131     | CEO                | 488-50-2180  |
| JOHN R. FINKENKELLER | 10771 Roxanna Drive<br>St. Louis, MO 63128      | CFO/SEC/<br>TREAS. | 499-50-9093  |
| STEPHEN J. TOTH      | 1835 Elmsford Ln.<br>Chesterfield, MO 63005     | SR. VP             | 498-52-3305<br>498-52-ECRETARY<br>152-152-152-152-152-152-152-152-152-152- |



Barana kangangan kangan ka

## Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that the records in my office REHABCARE GROUP THERAPY SERVICES, INC.

was incorporated under the laws of this State on the 21st day of OCTOBER, 1991, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of JUNE, 2000.

Secretary of State