FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 24, 2001 8:00 am Secretary of State F94000003336 DOCUMENT # 1. Entity Name 4101 05-24-2001 90006 020 ***150.00 VENCARE REHAB SERVICES, INC. Mailing Address Principal Place of Business 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT CON689**81** LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE: City & State Applied For City & State 4. FEI Number 33-0359338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 PRESIDENT CR2E034 (11/00) ☐ Change Addition ☐ Delete TITLE EDWARD L. KUNTZ NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP TREASURER Change Addition ☐ Delete TITLE TITLE RICHARD A. LECHLEITER NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-2IP CITY-ST-ZIP SECRETARY ☐ Addition ☐ Change TITLE ☐ Delete TITLE JOSEPH L. LANDENWICH NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Addition Change ☐ Delete TITLE MICHAEL E. MOAD NAME NAMÉ **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP SR VICE PRESIDENT ☐ Delete TITLE ☐ Change Addition TITLE RICHARD A. SCHWEINHART NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SR VICE PRESIDENT

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

JAMES H. GILLENWATER, JR

680 SOUTH FOURTH STREET LOUISVILLE, KY 40202

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MICHAELE.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL E. MOAD

502-596-7300

Vencare Rehab Services, Inc.

Othochment Doc# F9400003336 C0068981

James H. Gillenwater, Jr.

Director

Primary Address:

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M. Suzanne Riedman

Director

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Richard A. Schweinhart

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