

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # F95000000617 (9)

1. Corporation Name

FIRST REHAB, INC.



Principal Place of Business

1148 BROADWAY PLAZA
TACOMA WA 98402

Mailing Address

1148 BROADWAY PLAZA
TACOMA WA 98402

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 3300 Providian Center

Suite, Apt. #, etc.

22

City & State

23 Louisville, KY

Zip

24 40202

Country

25

2a. Mailing Address

26 3300 Providian Center

Suite, Apt. #, etc.

27

City & State

28 Louisville, KY

Zip

29 40202

Country

30

4. FET Number

91-1657594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent at the bottom left

(SEE) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEOP
NAPOLI, CARL J
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VFT
CHENEVERT, JAMES
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
ADCOCK, RICHARD P
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPC
MELANCON, DAVID
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
RODAN, BRIAN J
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
ALBEN, ELLEN B
C/O E.B. ALBEN, 1148 BROADWAY PLAZA
TACOMA WA 98402

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP

See Attached

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President, General Counsel
and Corporate Secretary

4-11-96

(502)569-7300

Date

Daytime Phone #

CR2E034 (12/95)

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FIRST REHAB, INC.

Board of Directors

W. Bruce Lunsford
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Michael R. Barr
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

W. Earl Reed, III
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Officers

W. Bruce Lunsford
Chairman of the Board, President and
Chief Executive Officer
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Michael R. Barr
Chief Operating Officer and
Executive Vice President
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

W. Earl Reed, III
Chief Financial Officer and
Executive Vice President
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Maria M. Levering
Vice President, Administrative
Services
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Jill L. Force
Vice President, General Counsel
and Secretary
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

James H. Gillenwater, Jr.
Vice President, Planning and
Development
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Thomas M. Schuhmann
Vice President, Reimbursement
3300 Providian Center
400 West market Street
Louisville, Kentucky 40202

David R. Windhorst
Vice President, Financial Systems
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

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Richard A. Lechleiter
Vice President, Finance and
Corporate Controller
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Frank W. Anastasio
Vice President, Ancillary Services
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Steven L. Monaghan
Vice President, Facility Accounting
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

June Nalley King
Assistant Secretary
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Thomas T. Ladt
Executive Vice President, Operations
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Brian L. Pugh
Vice President, Program Development
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Mary Ann Evans
Vice President, Clinical Operations
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202