

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000617 (9)

1. Corporation Name

FIRST REHAB, INC.



Principal Place of Business 3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US		Mailing Address 3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US		3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 04/17/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <del>91-1657594</del> 91-1657948	Applied For Not Applicable		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country		
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				85 Zip Code	FL

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. BRUCE LUNSFORD	1.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	1.3 STREET ADDRESS	See Attached List
CITY - ST - ZIP	LOUISVILLE KY	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL R. BARR	2.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILL L. FORCE	3.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS M. SCHUHMAN	4.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID R. WINDHORST	5.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	5.4 CITY - ST - ZIP	
TITLE	VPP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. GILLENWATER JR.	6.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/97

Daytime Phone #

0630237

CR2E034 (9/96)

Directors and Officers  
First Rehab, Inc.

Michael R. Barr	Director
SSN : 468-56-6564	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Bruce Lunsford	Director
SSN : 403-66-8285	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Earl Reed, III	Director
SSN : 407-76-6323	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

Frank W. Anastasio	Vice President, Ancillary Services
SSN : 407-68-3007	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Michael R. Barr	Chief Operating Officer and Executive Vice President
SSN : 468-56-6564	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Frank J. Battafarano	Vice President, North Central Region
SSN : 135-44-8144	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Richard P. Blinn	Vice President, Northeast Region
SSN : 022-44-0536	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

Bryan D. Burklow	Senior Vice President, Northeast Region
SSN : 403-66-3637	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Mary Ann Evans	Vice President, Clinical Operations
SSN : 528-74-1111	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Jill L. Force	Vice President, General Counsel and Secretary
SSN : 312-56-3231	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
James H. Gillenwater, Jr.	Vice President, Planning and Development
SSN : 309-58-3847	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Richard Gurka	Senior Vice President, Mountain Region
SSN : 389-60-3667	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Vincent S. Hambright	Vice President, West Region
SSN : 561-53-1968	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Phillip D. Hurley	Senior Vice President, South Central Region
SSN : 467-66-6039	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Thomas T. Ladt	Executive Vice President, Operations
SSN : 403-66-6214	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Joseph L. Landenwich	Assistant Secretary
SSN : 404-04-6273	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

Richard A. Lechleiter	Vice President, Finance and Corporate Controller
SSN : 403-94-2279	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Maria M. Levering	Vice President, Administrative Services
SSN : 298-52-4494	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Bruce Lunsford	Chairman of the Board, President, and Chief Executive Officer
SSN : 403-66-8285	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Steven L. Monaghan	Vice President, Facility Accounting
SSN : 587-86-0228	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Susan E. Moss	Vice President, Corporate Communications
SSN : 311-64-2295	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
James J. Novak	Senior Vice President, Southeast Region
SSN : 267-21-7742	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
John V. Oliver	Vice President, Mountain Region
SSN : 420-78-4353	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Brian L. Pugh	Vice President, Planning and Development
SSN : 406-64-2857	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Earl Reed, III	Chief Financial Officer and Executive Vice President
SSN : 407-76-6323	
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

Assistant Secretary

Vice President, Reimbursement

Vice President, Central Region

**Senior Vice President, West Region**

Senior Vice President, North Central  
Region

Vice President, Financial Systems