

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 400 W. Market St., Ste. 3300 23 City & State Louisville, KY 24 Zip 40202 25 Country US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 400 W. Market St., Ste. 3300 28 City & State Louisville, KY 29 Zip 40202 30 Country US		3. Date Incorporated or Qualified 02/06/1995	4. FEI Number 91-1657948 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE W. BRUCE LUNSFORD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME W. BRUCE LUNSFORD		1.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		1.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE MICHAEL R. BARR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL R. BARR		2.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		2.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE JILL L. FORCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JILL L. FORCE		3.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		3.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE THOMAS M. SCHUHMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS M. SCHUHMAN		4.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		4.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE DAVID R. WINDHORST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID R. WINDHORST		5.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		5.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		5.4 CITY-ST-ZIP	
TITLE VPP	<input type="checkbox"/> DELETE	6.1 TITLE JAMES H. GILLENWATER JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES H. GILLENWATER JR.		6.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CENTER		6.3 STREET ADDRESS 400 W. Market St., Ste. 3300	
CITY-ST-ZIP LOUISVILLE KY		6.4 CITY-ST-ZIP	

14. 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 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 _____ **Brian K. Wood**

4/23/98

(502) 596-7300

CF2E034 (10/97)

First Rehab, Inc.

DIRECTORS

Michael R. Barr **Director**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

W. Bruce Lunsford **Director**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

W. Earl Reed, III **Director**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

OFFICERS

Michael R. Barr **Chief Operating Officer and Executive Vice President**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Richard E. Chapman **Senior Vice President, Information Systems**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Jill L. Force **Senior Vice President, General Counsel and Assistant Secretary**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

James H. Gillenwater, Jr. **Senior Vice President, Planning and Development**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Thomas T. Ladt **Executive Vice President, Operations**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Joseph L. Landenwich **Secretary**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Richard A. Lechleiter **Vice President, Finance and Corporate Controller**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Maria M. Levering **Senior Vice President, Corporate Services**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

W. Bruce Lunsford **Chairman of the Board, President, and Chief Executive Officer**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

Steven L. Monaghan **Vice President, Finance**
Primary Address: 400 West Market Street, Suite 3300
Louisville, KY 40202

First Rehab, Inc.

W. Earl Reed, III	Chief Financial Officer and Executive Vice President
Primary Address:	400 West Market Street, Suite 3300 Louisville, KY 40202
T. Richard Riney	Assistant Secretary
Primary Address:	400 West Market Street, Suite 3300 Louisville, KY 40202
Thomas M. Schuhmann	Vice President, Reimbursement
Primary Address:	400 West Market Street, Suite 3300 Louisville, KY 40202
David R. Windhorst	Vice President, Financial Systems Development
Primary Address:	400 West Market Street, Suite 3300 Louisville, KY 40202
Brian K. Wood	Vice President, Tax
Primary Address:	400 West Market Street, Suite 3300 Louisville, KY 40202