

F95000004341

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: IN-HOUSE REHAB, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JEFFREY A. HAEBERLIN
(Name of Person)

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*****70.00 *****70.00

J. BRUCE MILLER LAW GROUP
(Firm/Company)

621 West Main Street, Fourth Floor
(Address)

Louisville, KY 40202-2967
(City/State/Zip)

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5787-6-17345
STG-1

Should you need to call someone concerning this matter, please call:

JEFFREY A. HAEBERLIN
(Name of Person)

at (502) 587-0900
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. IN-HOUSE REHAB, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. KENTUCKY

(State or country under the law of which it is incorporated)

3. 61-1272771

(FEI number, if applicable)

4. SEPTEMBER 21, 1994

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 1, 1995

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))

7. 9505 WILLIAMSBURG PLAZA

LOUISVILLE, KY 40222

(Current mailing address)

8. Any lawful business purpose

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Rd.

Plantation

, Florida, 33324

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

(Registered Agent's signature)

G. L. Hatfield, Assistant Secretary

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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: DAVID V. HALL - Solo Chairman

Address: 9505 Williamsburg Plaza, Louisville, KY 40222

Vice Chairman: None

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: DAVID V. HALL

Address: 9505 Williamsburg Plaza

Louisville, KY 40222

Vice President: _____

Address: _____

Secretary: ROBERT J. BABINE

Address: 9505 Williamsburg Plaza

Louisville, KY 40222

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. SEE BELOW
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. J. BABINE, Secretary
(Typed or printed name and capacity of person signing application)



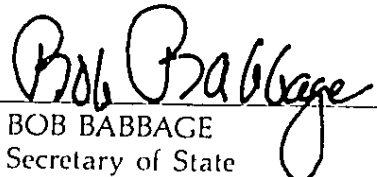
OFFICE OF THE SECRETARY OF STATE
**CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, IN-HOUSE REHAB, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is SEPTEMBER 21, 1994; and whose period of duration is PERPETUAL.

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 24TH day of AUGUST, 1995.


BOB BABBAGE
Secretary of State
Commonwealth of Kentucky

JSG