

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90149 043 ***150.00

DOCUMENT # F98000000984

1. Entity Name
REHABCARE GROUP EAST, INC.

Principal Place of Business
7733 FORSYTH BLVD., STE 1700
ST LOUIS MO 63105

Mailing Address
7733 FORSYTH BLVD., STE 1700
ST LOUIS MO 63105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
43-1802466

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HENDERSON, ALAN C
STREET ADDRESS 7733 FORSYTH LVD, STE 1700
CITY-ST-ZIP ST LOUIS MO

TITLE C/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DOUTHITT, JAMES M
STREET ADDRESS 7733 FORSYTH LVD, STE 1700
CITY-ST-ZIP SAINT LOUIS MO 63105

TITLE CAO/D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME TOTH, STEVE
STREET ADDRESS 7733 FORSYTH LVD, STE 1700
CITY-ST-ZIP ST LOUIS MO

TITLE V ☒ Change ☐ Addition
NAME Tom E. Davis
STREET ADDRESS 7733 Forsyth Blvd. Ste. 1700
CITY-ST-ZIP St. Louis, MO 63105

TITLE VCFO ☐ Delete
NAME EISENHauer, GREGORY
STREET ADDRESS 7733 FORSYTH BLVD., STE. 1700
CITY-ST-ZIP SAINT LOUIS MO 63105

TITLE S/D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)