

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90244 048 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000000984 1. Entity Name REHAB CARE GROUP EAST, INC.					
Principal Place of Business 7733 FORSYTH BLVD., STE 1700 ST LOUIS, MO 63105			Mailing Address 7733 FORSYTH BLVD., STE 2300 ST LOUIS, MO 63105		
2. Principal Place of Business 7733 Forsyth Blvd.		3. Mailing Address			
Suite, Apt. #, etc. Suite 2300		Suite, Apt. #, etc.			
City & State St. Louis, MO 63105		City & State			
Zip	Country	Zip	Country		
4. FEI Number 43-1802466			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHORT, JOHN <input type="checkbox"/> Delete 2120 SOUTH 1300 EAST STE 301 SALT LAKE CITY, FL 34106		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOT BOGOVICH, MARK <input type="checkbox"/> Delete 7733 FORSYTH BLVD., STE 2300 SAINT LOUIS, MO 63105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asst. S/D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, TOM E <input type="checkbox"/> Delete 7733 FORSYTH LVD, STE 1700 ST LOUIS, MO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GERMANESE, VINCE <input type="checkbox"/> Delete 7733 FORSYTH BLVD., STE. 1700 SAINT LOUIS, MO 63105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO/S/D 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-05 <small>Date Daytime Phone #</small>		