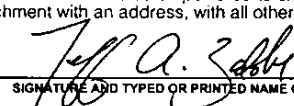


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90210 044 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                  |                                                                                                                                                                                |                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F98000000984</b><br>1. Entity Name<br><b>REHABCARE GROUP EAST, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                                                  |                                                                                                                                                                                |                                                                                             |  |
| Principal Place of Business<br><b>7733 FORSYTH BLVD.<br/>SUITE 2300<br/>ST LOUIS, MO 63105</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                  | Mailing Address<br><b>7733 FORSYTH BLVD., STE 2300<br/>ST LOUIS, MO 63105</b>                                                                                                  |                                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             | 3. Mailing Address                                                               |                                                                                                                                                                                |                                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                |                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | City & State                                                                     |                                                                                                                                                                                |                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                     | Zip                                                                              | Country                                                                                                                                                                        | 4. FEI Number<br><b>43-1802466</b>                                                                                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                  |                                                                                                                                                                                | <b>\$8.75 Additional Fee Required</b>                                                                                                                                        |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |                                                                                  |                                                                                                                                                                                |                                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                           |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                   |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>SHORT, JOHN<br/>7733 FORSYTH BLVD., SUITE 2300<br/>SAINT LOUIS, MO 63105</b> <input type="checkbox"/> Delete      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V<br/>DAVIS, TOM E<br/>7733 FORSYTH BLVD., SUITE 2300<br/>SAINT LOUIS, MO 63105</b> <input type="checkbox"/> Delete      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SD<br/>GERMANESE, VINCE<br/>7733 FORSYTH BLVD., SUITE 2300<br/>SAINT LOUIS, MO 63105</b> <input type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <b>Sr. V/Asst. S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <b>Sr. V/T/CF/D<br/>Jay Shriner<br/>7733 Forsyth Blvd. Ste. 2300<br/>St. Louis, MO 63105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <b>V (Exec.)<br/>Patricia M. Henry<br/>7733 Forsyth Blvd. Ste. 2300<br/>St. Louis, MO 63105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <b>V/Asst. T<br/>Jeff Zardoks<br/>7733 Forsyth Blvd. Ste. 2300<br/>St. Louis, MO 63105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                                             |                                                                                  |                                                                                                                                                                                |                                                                                                                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                  | Date <b>4-23-07</b>                                                                                                                                                            |                                                                                                                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                  |                                                                                                                                                                                |                                                                                                                                                                              |  |

ATTACHMENT  
40083531  
#98000000984

Following is the list of officers and directors for RehabCare Group East, Inc.

**OFFICERS**

|                                                                   |                                                |                                              |
|-------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| John Short, Ph.D.<br><b>President's Name</b>                      | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Tom E. Davis<br><b>Exec.Vice Pres. Name</b>                       | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Patricia M. Henry<br><b>Exec.Vice Pres. Name</b>                  | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Jay W. Shreiner<br><b>Sr.VP., Trea. &amp; CFO Name</b>            | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| David B. Groce<br><b>Sr. VP. &amp; Sec. Name</b>                  | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Vincent Germanese<br><b>Sr. Vice Pres., &amp; Asst. Sec. Name</b> | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Donald A. Adam<br><b>Sr. Vice President Name</b>                  | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Peter Doerner<br><b>Sr. Vice President Name</b>                   | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Sean Maloney<br><b>Sr. Vice President Name</b>                    | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Alan Sauber<br><b>Sr. Vice President Name</b>                     | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Laurie Thomas<br><b>Sr. Vice President Name</b>                   | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Dave Totaro<br><b>Sr. Vice President Name</b>                     | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |
| Mary Pat Welc<br><b>Sr. Vice President Name</b>                   | 7733 Forsyth Blvd. Ste. 2300<br><b>Address</b> | St. Louis, MO 63105<br><b>City State Zip</b> |

ATTACHMENT 40083531  
~~#F9800000984~~

|                                          |                              |               |                  |
|------------------------------------------|------------------------------|---------------|------------------|
| Jeff A. Zadoks                           | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice Pres. &amp; Asst. Trea. Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Michael A. Katzfey         | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Linda Kurland              | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Jim F. Martin              | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Janet Nicoll               | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Barbara A. Snell           | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                            |                              |               |                  |
|----------------------------|------------------------------|---------------|------------------|
| Deborah K. Winter          | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
| <b>Vice President Name</b> | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

### DIRECTORS

|                  |                              |               |                  |
|------------------|------------------------------|---------------|------------------|
| John Short, PhD. | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
|                  | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                 |                              |               |                  |
|-----------------|------------------------------|---------------|------------------|
| Jay W. Shreiner | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
|                 | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |

|                |                              |               |                  |
|----------------|------------------------------|---------------|------------------|
| David B. Groce | 7733 Forsyth Blvd. Ste. 2300 | St. Louis, MO | 63105            |
|                | <b>Address</b>               | <b>City</b>   | <b>State Zip</b> |