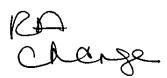
F98000000984

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| (1881-888) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
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| Continued Continue Continue of Other | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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FILED
2009 JAN 28 AM 9: 4
SECRETARY OF STATI

12/4/09

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: RehabCare Group East, Inc. | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (Name of Corporation) | | | | |
| DOCUMENT NUMBER: F98000000984 | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| C. Wall | | | | |
| (Name of Contact Person) | | | | |
| National Corporate Services, Inc. | | | | |
| (Firm/Company) | | | | |
| 2 Club Centre Ct., Ste 5 (Address) | | | | |
| Edwardsville, IL 62025 | | | | |
| (City/State and Zip Code) For further information concerning this matter, please call: | | | | |
| C. Wall at (866) 416-6274 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations | | | | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | ange is submitted for a corporati | , 617.0502, 607.1508, or 617.1508, Florida Stati ion organized under the laws of the State of <u>Delay</u> or registered agent, or both, in the State of Flori | ware |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| | | RehabCare Group East, Inc. | ши. |
| | | vd., Ste 2300, St. Louis, MO 63105 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 2/20/98 | Document number: F9800000 | 00984 |
| | d street address of the current regrtment of State: | gistered agent and registered office on file with th | le |
| | C T Corporation System | | 7. 28 |
| | 1200 South Pine Island | Road | 2009 JAN 28 SECRETAR'S |
| | Plantation, FL 33324 | | |
| 6. The name and (if changed): | d street address of the new regist | tered agent (if changed) and /or registered office | AH 9: 4 |
| | NRAI Services, Inc. | | 器 = |
| | 2731 Executive Park | | |
| | Weston, FL 33331 | • | |
| The street address changed will | ess of its registered office and t l be identical. | he street address of the business office of its re | gistered agent, |
| Such change wanthorized by the | as authorized by resolution dul he board, or the corporation ha | y adopted by its board of directors or by an off s been notified in writing of the change. | icer so |
| Cathi (Signal | ure an anothicer or director) | Cathi J. Wall, Asst. Secretary (Printed or typed name and title) | |
| I further agree of my duties, an document is bei | the appointment as registered to comply with the provisions o ad I am familiar with and accep ing filed merely to reflect a cha been notified in writing of thi | agent and agree to act in this capacity, of all statutes relative to the proper and comple to the obligation of my position as registered aginge in the registered office address, I hereby cost change. | te performance gent. Or, if this onfirm that the |
| Sent | gnature of Registered Agent) | 1/15/09 (Date) | |
| If signing on be | ehalf of an entity: | | |
| | nerick, Asst. Secretary Typed or Printed Name) | <u>. </u> | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

STATE OF MISSOURI COUNTY OF ST. LOUIS

LIMITED POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Patricla S. Williams, Sr. Vice President, General Counsel and Corporate Secretary of RehabCare Group, Inc. ("the Company"), a Corporation, established under the laws of Delaware, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Sean L. Emerick and Cathi J. Wall attorneys-in-fact for the Company and for the subsidiary entitles, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Sean L. Emerick shall exercise the power of Vice President and Cathi J. Wall shall exercise the power of Assistant Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Assistant Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or when revoked by Patricia S. Williams, which ever shall occur first.

RehabCare Group, Inc.

BY:

Patricia S. Williams

Sr. Vice President, General Counsel & Corporate Secretary

Subscribed and sworn to before me this & day of January, 2009

KRISTINA L. RIPPER
NOTARY
August 16, 2012
SEAL
Frenkfin County

=Notary-Public

RehabCare Group, Inc. related entities

RehabCare Group, Inc. American VitalCare, LLC CTRH, L,L,C. Cannon & Associates, LLC Central Texas Rehabilitation Hospital, L.L.C. Central Texas Specialty Hospital, L.L.C. Clear Lake Rehabilitation Hospital, L.L.C. Greater Peoria Specialty Hospital, LLC Kokomo LTACH, LLC Lafayette Specialty Hospital, L.L.C. Louisiana Specialty Hospital, L.L.C. Northland LTACH, LLLC Phase 2 Consulting, Inc. Rehabcare Group Management Services, Inc. Rehabcare Group of California, LLC Rehabcare Group of Texas, LLC RHRI, LLC Reading Long Term Acute Care Hospital, LLC Rehabcare Employee Disaster Fund Rehabcare Group of Amarillo, LP Rehabcare Group of Arlington, LP Rehabcare Group East, Inc. Rehabcare Hospital Holdings, L.L.C. Rhode Island Specialty Hospital, LLC SLHRHC, LLC Salt Lake Physical Therapy Associates, Inc. St. Luke Rehabilitation Hospital, LLC Symphony Health Services, LLC Symphony Respiratory Services, LLC Symphony Staffing Services, LLC Tulsa Specialty Hospital, L.L.C. VTA Management Services, LLC VTA Staffing Services, LLC West Gables Rehabilitation Hospital, L.L.C.

Western Hampton Roads LTACH, LLC