

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90021 037 \*\*\*150.00

**DOCUMENT # F99000003667**

1. Entity Name  
**REHABILICARE INC.**

Principal Place of Business  
**1811 OLD HIGHWAY 8  
 NEW BRIGHTON MN 55112-3493**

Mailing Address  
**1811 OLD HIGHWAY 8  
 NEW BRIGHTON MN 55112-3493**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0985318**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DACEY, GRETCHEN  
 701 US HIGHWAY 301 SOUTH  
 TAMPA FL 33619**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WINGROVE, ROBERT C</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>KAYSEN, DAVID B</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTIN, THOMAS</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SWEENEY, WILLIAM J</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WINCHELL, W. GLEN</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALEY, JOHN H</b> <b>1811 OLD HIGHWAY 8</b> <b>NEW BRIGHTON MN 55112-3493</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

651-631-0590

Daytime Phone #

CR2E034 (10/00)

K4 Hachmen  
9110864  
#7990000003667

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
D	John H.P. Maley	1811 Old Hwy 8	New Brighton, MN 55112
D	Frederick H. Ayers	1811 Old Hwy 8	New Brighton, MN 55112
D	Richard E. Jahnke	1811 Old Hwy 8	New Brighton, MN 55112
D	W. Bayne Gibson	1811 Old Hwy 8	New Brighton, MN 55112