

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90095 035 ***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

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number
41-0985318

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable.

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 **C** ☐ Delete
NAME **WINGROVE, ROBERT C**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

TITLE **Director** ☒ Change ☐ Addition
NAME **Wingrove, Robert C.**
STREET ADDRESS **1811 Old Hwy 8**
CITY-ST-ZIP **New Brighton, MN 55112-3493**

TITLE **PCEO** ☐ Delete
NAME **KAYSEN, DAVID B**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

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

TITLE **S** ☐ Delete
NAME **MARTIN, THOMAS**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

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

TITLE **V** ☐ Delete
NAME **SWEENEY, WILLIAM J**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

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

TITLE **V** ☐ Delete
NAME **WINCHELL, W. GLEN**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

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

TITLE **D** ☐ Delete
NAME **MALEY, JOHN H**
STREET ADDRESS **1811 OLD HIGHWAY 8**
CITY-ST-ZIP **NEW BRIGHTON MN 55112-3493**

TITLE **Chairman** ☒ Change ☐ Addition
NAME **Maley, John H.**
STREET ADDRESS **1811 Old Hwy 8**
CITY-ST-ZIP **New Brighton, MN 55112-3493**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 another like empowered.

SIGNATURE: *W. Glen Winchell* **W. GLEN WINCHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

651-631-0590

Daytime Phone #

CR2E034 (9/01)

Attachment

B00088666

<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

K990000 3667

Delete