

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91328 038 ***150.00

DOCUMENT # F990000003667

1. Entity Name

Rehabilitare Inc.



DO NOT WRITE IN THIS SPACE

80095691

2. Principal Place of Business

701 US Hwy 301 S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33619

Country

USA

Zip

Country

4. FEI Number

41-0985318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gretchen DACEY-Zavalando

Street Address (P.O. Box Number is Not Acceptable)

701 US Hwy 301 South

City

TAMPA

FL

Zip Code

33619

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Gretchen Dacey-Zavalando Corporate Compliance Officer 4-25-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/Officer Dan W. Gladney 10235 Summer Place Eden Prairie, MN 55347	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C John H.P. Malcy 6 Rock Crest Lane Signal Mountain, TN 37377	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick H. Ayers 475 South 68th Street Boulder, CO 80303-4308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William R. Floyd 1800 Innsbruck Lane Fort Smith, AR 72908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Nigon 445 Spring Hill Road WAYZATA, MN 55391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard E. Jahnke 25 Neptune Street MAHOMETTI, MN 55115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2003

Date

Daytime Phone #

651-638-0428

CR2E034B (12/02)

Attachment # 80095691
F99000003667

Additional Officers and Secretary of Rehabicare Inc.

Title	Name	Address	City, State, Zip
Officer	Scott P. Youngstrom	4230 Mount Curve	Deephaven, MN 55331
Officer	William J. Sweeney	1241 Nursery Hill Lane	Arden Hills, MN 55112
Officer	Wayne K. Chrystal	4581 McDonald Drive Overlook	Stillwater, MN 55082
Secretary	Thomas Martin	50 South Sixth Street, Suite 1500	Minneapolis, MN 55402

Officer - Marshall Masko 4683 Chantrey Place Minnetonka, MN
55345