

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004501

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** REHABCARE HOSPITAL HOLDINGS, L.L.C.

**Current Principal Place of Business:**

7733 FORSYTH BLVD  
SUITE 2300  
SAINT LOUIS, MO 63105

**New Principal Place of Business:**

**Current Mailing Address:**

7733 FORSYTH BLVD  
SUITE 2300  
SAINT LOUIS, MO 63105

**New Mailing Address:**

**FEI Number:** 20-3044067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** REHABCARE GROUP EAST, INC.  
**Address:** 7733 FORSYTH BLVD STE 2300  
**City-St-Zip:** SAINT LOUIS, MO 63105

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFF ZADOKS

SRVP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date