

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004501

FILED
Apr 02, 2012
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:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

Current Mailing Address:

7733 FORSYTH BLVD
SUITE 2300
SAINT LOUIS, MO 63105

New Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

FEI Number: 20-3044067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HNAK ROBINSON

SRVP

04/02/2012

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