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FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M18156 (3)

1. Corporation Name

REHABCARE OUTPATIENT SERVICES, INC.

Principal Place of Business

805 EAST BROWARD BLVD #201  
FT. LAUDERDALE FL 33301

Mailing Address

805 EAST BROWARD BLVD #201  
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1985

4. FEI Number

59-2591858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7733 Forsyth Blvd Suite 1700  
Suite, Apt. #, etc.

22

City & State  
St Louis MO

23 Zip 63105 Country USA

2a. Mailing Address

26 7733 Forsyth Blvd Suite 1700  
Suite, Apt. #, etc.

27

City & State  
St Louis MO

28 Zip 63105 Country USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORRIE, MAPLE  
STREET ADDRESS 805 E. BROWARD BLVD., SUITE 201  
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE D  
NAME LSDAN, JIM  
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700  
CITY-ST-ZIP ST LOUIS MO

☐ DELETE

TITLE S  
NAME HENDERSON, ALAN  
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700  
CITY-ST-ZIP ST LOUIS MO

☐ DELETE

TITLE T  
NAME FINKENKELLER, JOHN  
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700  
CITY-ST-ZIP ST LOUIS MO

☐ DELETE

TITLE D  
NAME WAGUESPACK, HICKLEY  
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700  
CITY-ST-ZIP ST LOUIS MO

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Howard, Al  
1.3 STREET ADDRESS Suite 300A 8771 San Jose Blvd  
1.4 CITY-ST-ZIP Jacksonville FL 32217

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John B. Finkenbiller, Jr. 2/12/98 314-843-7423

CR2E034 (10/97)