• FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15605

(9)

REHABCARE GROUP, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Plac	Mailing Address	ing Address			Fifitifi ift tibn attif åttil anen atti attil attil attil attil attil attil			
•								
7733 FORSYTH BLVD. STE. 1700		7733 FORSYTH BLVD. Ste. 1700				DO NOT WRITE IN THIS SPACE		
ST LOUIS MO 63105		ST LOUIS MO 63105						
US	US				3. Date Incorporated or Qualified 08/17/1987		,	
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				51-0265872		lot Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.		-				Additional
22		27				5. Certificate of Status Desired		lequired
City & Sta	te		City & State			8. Election Campaign Financing		
23		├─¬ ´	28			B. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cor	intry		This corporation owes or has paid the cur		
24	25	29	30	j				∏ No
24	9. Name and Address of Curre		1301			10. Name and Address of New Registered		
<u> </u>	T CORPORATION SYSTEM			81	Name			
1200 SOUTH PINE ISLAND ROAD								
				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324								
	•			83				
				84	City	****	85 Zip	Code
					•	<u> </u>		
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familier with, and accept the oblig	e of Florida. Such change was	authorize	d bv	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing pointment as	its registered s registered
. •		,, ·						
SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable [NO	TE: Registere	d Age	nt signature requir	red when reinstating) DATE		
12,	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 T	TLE			☐ Change	☐ Addition
NAME	USDAN, JAMES M.		1.2 N	AME				
STREET ADDRESS	7733 FORSYTH BLVD., STE.	1700	135	TREET	ADDRESS			
	ST LOUIS MO			ITY-S1				
CITY-ST-ZIP TITLE	V 200.0	DELETE	2.1 Ti		1 - ZIP		Change	Addition
	WAGUESPACK, HICKLEY M						C ondrige	
NAME		ממלו	2.2 N					
STREET ADDRESS	7733 FORSYTH BLVD, STE 1	700	2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO		2.40	IIY-S	IT - ZIP		_	
TITLE	8	☐ DELETE	3.1 T	TLE			☐ Change	Addition
NAME	HENDERSON, ALAN C.		3 2 N	AME				
STREET ADDRESS	7733 FORSYTH BLVD., STE.	1700	3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ST LOUIS MO		4	ITY-S				
TITLE	T	☐ DELETE	4.1 Ti				Change	Addition
NAME	FINKENKELLER, JOHN R	<u> </u>	4.21					
	7733 FORSYTH BLVD., STE.	1700			ADDRESS			
STREET ADDRESS	ST LOUIS MO	11 24			ADDRESS			
CITY-ST-ZIP	<u> </u>	□ ocue ve		TY-\$1	1-ZIP		Change	Addition
TITLE	ANDEDCON MULIANA C	☐ DELETÉ	511				☐ Change	Addition
NAME	ANDERSON, WILLIAM G		5.2 N				e (5 700
STREET ADDRESS	701 MARKET ST		5.3 S	TREET.	ADDRESS		1	7//V
CITY-ST-ZIP	ST LOUIS MO		5.4 C	ITY-S1	T-ZIP			X
TITLE	D	☐ DELETE	6.1 T	TLE	1 " '		Change	Addition
NAME	SHORT, JOHN H. P		6.2 N	AME		8000024298;		
STREET ADDRESS	341 S MAIN #407				address	-02/13/980101502	26	
OUTV CT 760	SALT LAKE CITY UT			ITV. ČI		***300.00		

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.

214-863-