2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # P15605 1. Entity Name REHABCARE GROUP, INC. 05-08-2002 90149 041 ***150.00 Principal Place of Business Mailing Address 7733 FORSYTH BLVD. 7733 FORSYTH BLVD. STE. 1700 STE. 1700 ST LOUIS MO 63105 ST LOUIS MO 63105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0265872 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME DOUTHITT, JAMES M NAME STREET ADDRESS 7733 FORSYTH BLVD., STE. 1700 STREET ADDRESS CITY-ST-ZIP ST LOUIS MO 63105 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WAGUESPACK, HICKLEY M NAME STREET ADDRESS 7733 FORSYTH BLVD, STE 1700 STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HENDERSON, ALAN C. STREET ADDRESS 7733 FORSYTH BLVD., STE. 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO TITLE **VP** ☐ Delete TITLE Change ☐ Addition NAME EISENHAUER, GREGORY NAME STREET ADDRESS 7733 FORSYTH BLVD., STE. 1700 STREET ADDRESS CITY-ST-ZiP SAINT LOUIS MO 63105 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME ANDERSON, WILLIAM G NAME STREET ADDRESS 701 MARKET ST STREET ADDRESS CITY-ST-ZIP ST LOUIS MO CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SHORT, JOHN H. P. NAME STREET ADDRESS 341 S MAIN #407 STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SALT LAKE CITY UT

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #