

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15605

FILED
Apr 17, 2009
Secretary of State

Entity Name: REHABCARE GROUP, INC.

Current Principal Place of Business:

7733 FORSYTH BLVD.
SUITE 2300
ST LOUIS, MO 63105 US

New Principal Place of Business:

Current Mailing Address:

7733 FORSYTH BLVD.
STE. 2300
ST LOUIS, MO 63105 US

New Mailing Address:

FEI Number: 51-0265872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: SHREINER, JAY
Address: 7733 FORSYTH BLVD STE2300
City-St-Zip: SAINT LOUIS, MO 63105

Title: D () Delete
Name: WIGHT, THEODORE M
Address: 2201 THIRD AVENUE NUMBER 2601
City-St-Zip: SEATTLE, WA 98121

Title: PCEO () Delete
Name: SHORT, JOHN H. P
Address: 7733 FORSYTH BLVD. STE. 2300
City-St-Zip: SAINT LOUIS, MO 63105

Title: D () Delete
Name: CONWAY-WELCH, COLLEEN
Address: 461 21ST AVENUE SOUTH
City-St-Zip: NASHVILLE, TN 37240

Title: D () Delete
Name: TRUSHEIM, EDWIN H
Address: 19 WOODBRIDGE MANOR DR
City-St-Zip: SAINT LOUIS, MO 63141

Title: D () Delete
Name: RICH, HARRY
Address: 101 FAIR OAKS
City-St-Zip: SAINT LOUIS, MO 63124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change () Addition
Name: SHORT, JOHN
Address: 7733 FORSYTH BLVD. STE. 2300
City-St-Zip: SAINT LOUIS, MO 63105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HJELM, CHRISTOPHER
Address: 1014 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY SHREINER

CFO

04/17/2009

Electronic Signature of Signing Officer or Director

Date