

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15605

FILED
Apr 15, 2010
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
Name: SHREINER, JAY
Address: 7733 FORSYTH BLVD STE 2300
City-St-Zip: SAINT LOUIS, MO 63105

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

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

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

Title: D
Name: HJELM, CHRISTOPHER
Address: 1014 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

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

I hereby 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 all other like empowered.

SIGNATURE: JAY SHREINER

CFO

04/15/2010

Electronic Signature of Signing Officer or Director

_____ Date