2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# P15605

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:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202 US

Current Mailing Address:

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

New Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202 US

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D
Name: CHAPMAN, RICHARD E
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: RIEDMAN, SUZANNE
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: SRVP
Name: ROBINSON, HANK
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: BEAN, MICHAEL
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

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: HANK ROBINSON SRVP 04/02/2012

Electronic Signature of Signing Officer or Director Date