2003 FOR PROFIT CORPORATION

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DOCUMENT # P15605 1. Entity Name REHABCARE GROUP, INC.							Secretary of State 09-02-2003 90191 005 ***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 US US										
2. Principal P	Place of Business		3. Mailing Address						IFII AFAIS DIBIL BIBSI A	Oli Bioli Stoli idei
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 51-0265872 Applied For Not Applicable				
Zip	Zip Country		Zip	p Coun		5. Certificate of Status Desired \$8.75 Fee Rec		Additional uired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name Street Address			Number is Not Acceptable)		
PLANIAI	ION FL 33324				City				FL Zip C	Code
	e named entity su tions of registered		the purpose of changing its	registere	ed office o	r registere	ed agent	t, or both, in the State of Florida	a. I am familiar w	ith, and accept
SIGNATURE .	Signature, typed or pri	nted name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signa	ture required	when reinst	ating)	DATE	
After Se	ILE NOW!!! F	EE IS \$550.00 03 Fee will be \$750.0 orida Department of S	0					Election Campaign Finance Trust Fund Contribution.	· · · · · · · · · · · · · · · · · · ·	5.00 May Be Ided to Fees
10.		OFFICERS AND D	IRECTORS	11.			ADDI	TIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUTHITT, J 7733 FORSY ST LOUIS MO	th BLVD., Ste. 1700	□ Delete			HArk 7733	- Bog Fors	Asst.s jovich yth Blvd.sk.1700 ,HO 63105	☑ Chan	ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CK, HICKLEY M TH BLVD, STE 1700	☐ Delete						☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON 7733 FORSY ST LOUIS MO	TH BLVD., STE. 1700	⊠ Delete	1					☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISENHAUER 7733 FORSY SAINT LOUIS	TH BLVD., STE. 1700	☐ Delete			Sr. VP, VINCE 7733 St. L	Gerr Fors	s nancse yth Blvd.sk.1100 , MO L3105	G Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, 701 MARKET ST LOUIS MO	ST	☐ Delete						☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, JOH 341 S MAIN SALT LAKE C	# 407	☐ Delete	- 1		P.D 2120 5alt	Sout LAKI	h 1300 East, Stc. 3 City, UT 84106	☐ Chan	ge Y Addition
indicated of the cor	l on this report or rporation or the re	supplemental report is tr deiver or trustee empow	ue and accurate and that r	ny signat as requir	nption sta ure shall h	ted in Sec ave the s	ction 119 ame leg	9.07(3)(i), Florida Statutes. I fur al effect as if made under oath Statutes; and that my name ap	ther certify that the that I am an offi	cer or director

SIGNATURE:

/mantatythymmoused

Daytime Phone #

RehabCare Group

ATTACHMENT #P15605 80142946

August 4, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

We are requesting that you waive the penalties for StarMed Health Personnel, Inc, RehabCare Group, Inc., and Health Tour Management, Inc. 2003 Uniform Business Reports. We did not receive the first Uniform Business Reports for these companies. We called your office about this and they verified the mailing address, but we still did not receive the reports. Enclosed you will find the completed second Uniform Business Reports and the filing fee of \$150.00 for each company. If you have any questions please feel free to contact Aisha White at 314-659-2195. Thank you for your consideration in this matter.

Sincerely,

Steve Sturm VP of Finance