

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005650

Entity Name: REHABCARE GROUP MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

680 SOUTH FOURTH ST.
LOUISVILLE, KY 40202

Current Mailing Address:

680 SOUTH FOURTH ST.
LOUISVILLE, KY 40202 US

FEI Number: 36-4204216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title DIRECTOR
Name LANDENWICH, JOSEPH
Address 680 SOUTH FOURTH ST.
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name CURNUTTE, DOUGLAS
Address 680 SOUTH FOURTH ST.
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name CUNANAN, STEPHEN
Address 680 SOUTH FOURTH ST.
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name BREIER, BENJAMIN
Address 680 SOUTH FOURTH ST.
City-State-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: DOUGLAS CURNUTTE

DIRECTOR

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date