No. <b>C 142798</b>		Due no la	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  REHABCARE GROUP MANAGEMENT SERVICES, INC. AISHA WHITE 7733 FORSYTH BLVD STE 2300 ST LOUIS MO 63105		2. Registered Agent and Address (NO PO BOX)  NATIONAL REGISTERED AGENTS INC  1423 TYRELL LANE BOISE ID 83706 USA  3. New Registered Agent Signature:*			
4. Corporations: Enter Name	s and Busine	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held N	Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR JO TREASURER S SECRETARY P	JAY SHREINER JOHN SHORT SAM DUGGAN PATRICIA WILLIAMS JOHN SHORT		7733 FORSYTH BLVD. SUITE 2300 7733 FORSYTH BLVD. SUITE 2300 7733 FORSYTH BLVD. SUITE 2300 7733 FORSYTH BLVD. SUITE 2300 7733 FORSYTH BLVD STE 2300	ST. LOUIS ST. LOUIS ST. LOUIS ST. LOUIS ST LOUIS	MO MO MO MO MO	USA USA USA USA USA	63105 63105 63105 63105 63105
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 142798		Signature: Edward S Name (type or print)	Date: 03/11/2010 Title: VP of Tax				
Processed 03/11/2010	* Electronically provided signatures are accepted as original signatures.						