

No. <b>C 88816</b>	<b>Due no later than Mar 31, 2013</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> REHABCARE GROUP, INC. BETH PAYTON 680 SOUTH FOURTH STREET LOUISVILLE KY 40202	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RICHARD CHAPMAN	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	RICHARD A LECHLEITER	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	SUZANNE RIEDMAN	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
PRESIDENT	PATRICIA HENRY	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
TREASURER	HANK ROBINSON	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
SECRETARY	JOSEPH LANDENWICH	680 SOUTH FOURTH STREET	LOUISVILLE	KY	USA	40202
5. Organized Under the Laws of:  <b>DE C 88816</b>	6. Annual Report must be signed.* Signature: Hank Robinson Name (type or print): Hank Robinson		Date: 02/19/2013 Title: SVP, Tax & Treasurer			
Processed 02/19/2013		* Electronically provided signatures are accepted as original signatures.				