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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006562 (2)**

1. Corporation Name
SPECIALTY HEALTHCARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6300 S. SYRACUSE WAY SUITE 645 ENGLEWOOD CO 80111	6300 S. SYRACUSE WAY SUITE 645 ENGLEWOOD CO 80111-6726

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report: 11/08/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 84-1285635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FINKEL, HOWARD B		1.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111		1.4 CITY-ST-ZIP	
TITLE	DPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JOHN K		2.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111		2.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REIFF, LAWRENCE M		3.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAYNOR, DAN		4.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE, 645		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, MICHAEL		5.2 NAME	
STREET ADDRESS	205 WEST TOUHY AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL 60068		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard S Bragg 4/15/97 (303)793-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496561