

B12000000185

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**REGISTERED AGENT CHANGE
SPECIALTY THERAPEUTIC CARE, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

14 DEC -8 AM 7:31

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECIALTY THERAPEUTIC CARE, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B12000000188

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carla Politte
Contact Person

SPECIALTY THERAPEUTIC CARE, LP
Firm/Company

7700 Forsyth
Address

St. Louis MO 63105
City, State and Zip Code

CPOLITTE@centene.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Diamond at (314) 236-3912
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SPECIALTY THERAPEUTIC CARE, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/22/2011 3. B12000000188
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC.
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jessica Heimann
Signature of General Partner

Jessica Heimann

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Katherine Lackey
Signature of Registered Agent

Katherine Lackey, Asst. Sec.

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA