

2013 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B12000000188

Entity Name: SPECIALTY THERAPEUTIC CARE, LP

Current Principal Place of Business:

6610 W SAM HOUSTON PKWY
STE 300
HOUSTON, TX 77041

Current Mailing Address:

6923 LEE VISTA BLVD
STE 300
ORLANDO, FL 32822 US

FEI Number: 73-1698808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES INC.
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: MICHELE HOLDEN

04/15/2013

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #
Name GARCIA, CHRISTOPHER
Address 601 LEXINGTON AVE - 55TH FLOOR
City-State-Zip: NEW YORK NY 10022

Document #
Name CHANDRA, SAMARTH
Address 601 LEXINGTON AVE - 55TH FLOOR
City-State-Zip: NEW YORK NY 10022

Document #
Name ROSENBERRY, KENTON
Address 601 LEXINGTON AVE - 55TH FLOOR
City-State-Zip: NEW YORK NY 10022

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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENTON ROSENBERRY

BY STEPHEN
JENSEN/CFO

04/15/2013

Electronic Signature of Signing General Partner Detail

Date