

**2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B12000000188

**Entity Name:** SPECIALTY THERAPEUTIC CARE, LP

**Current Principal Place of Business:**

7700 FORSYTH BLVD  
ST. LOUIS, MO 63105

**Current Mailing Address:**

7700 FORSYTH BLVD  
ST. LOUIS, MO 63105 US

**FEI Number: 73-1698808**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
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

04/12/2015

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name SPECIALTY THERAPUETIC CARE GP,  
LLC

Address 7700 FORSYTH BLVD.

City-State-Zip: ST. LOUIS MO 63105

*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:** SPECIALTY THERAPUETIC CARE GP, LLC

GENERAL PARTNER

04/12/2015

Electronic Signature of Signing General Partner Detail

Date