## **2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B12000000188

Entity Name: SPECIALTY THERAPEUTIC CARE, LP

**Current Principal Place of Business:** 

8517 SOUTH PARK CIRCLE ORLANDO. FL 32819

**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 05/01/2023

Electronic Signature of Registered Agent

**General Partner Detail:** 

Document #

Name SPECIALTY THERAPUETIC CARE GP,

LLC

Address 8517 SOUTH PARK CIRCLE

City-State-Zip: ORLANDO FL 32819

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.

Electronic Signature of Signing General Partner Detail

SIGNATURE: TRICIA DINKELMAN

VICE PRESIDENT, TAX

05/01/2023

Date

FILED May 01, 2023

**Secretary of State** 

5359022910CC

Date