

2019 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B12000000188

Entity Name: SPECIALTY THERAPEUTIC CARE, LP

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE,#400
ORLANDO, FL 32819

Current Mailing Address:

8427 SOUTH PARK CIRCLE,#400
ORLANDO, FL 32819 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

04/05/2019

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name SPECIALTY THERAPUETIC CARE GP,
LLC

Address 8427 SOUTH PARK CIRCLE,#400

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.

SIGNATURE: SPECIALTY THERAPEUTIC CARE GP, LLC

GENERAL PARTNER

04/05/2019

Electronic Signature of Signing General Partner Detail

Date