

2014 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:**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

04/30/2014

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name GARCIA, CHRISTOPHER

Address 7700 FORSYTH BLVD

City-State-Zip: ST. LOUIS MO 63105

Document #

Name CHANDRA, SAMARTH

Address 7700 FORSYTH BLVD

City-State-Zip: ST. LOUIS MO 63105

Document #

Name ROSENBERRY, KENTON

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: SAMARTH CHANDRA

GENERAL PARTNER

04/30/2014

Electronic Signature of Signing General Partner Detail

Date