2020 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B1200000188

Entity Name: SPECIALTY THERAPEUTIC CARE, LP

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE,#400 ORLANDO, FL 32819

Current Mailing Address:

7700 FORSYTH BLVD. ST. LOUIS, MO 63105 US

FEI Number: 73-1698808

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

Electronic Signature of Registered Agent

General Partner Detail :

Document # Name SPECIALTY THERAPUETIC CARE GP, LLC Address 8427 SOUTH PARK CIRCLE,#400 City-State-Zip: ORLANDO FL 32819

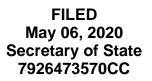
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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership 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.

VP, TAX

SIGNATURE: TRICIA DINKELMAN

Electronic Signature of Signing General Partner Detail



Certificate of Status Desired: No

05/06/2020

Date

05/06/2020 Date