

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004326

Entity Name: SPECIALTY THERAPEUTIC CARE HOLDINGS, INC.

Current Principal Place of Business:

6923 LEE VISTA BLVD SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

6923 LEE VISTA BLVD SUITE 300
ORLANDO, FL 32822

FEI Number: 27-3617766

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name HOWARD, DONALD
Address 9121 TIBET POINTE CIRCLE
City-State-Zip: WINDERMER FL 34786

Title DIRECTOR
Name FISHER, JEFFREY
Address 563 MACLEOD DRIVE
City-State-Zip: GIBSONIA PA 15044

Title VICE-PRESIDENT, DIRECTOR
Name HARROLD, JASON
Address 7700 FORSYTH BLVD
City-State-Zip: ST LOUIS MO 63105

Title SECRETARY, DIRECTOR
Name WILLIAMSON, KEITH
Address 7700 FORSYTH BLVD
City-State-Zip: ST LOUIS MO 63105

Title VICE PRESIDENT/DIRECTOR
Name SCHEFFEL, WILLIAM
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD HOWARD

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date