

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0616109 AT

**DOCUMENT # F01000003386**

1. Entity Name  
**ASD SPECIALTY HEALTHCARE, INC.**

02-11-2002 90022 018 \*\*\*150.00

Principal Place of Business  
**4000 METROPOLITAN DRIVE**  
**ORANGE CA 92868**

Mailing Address  
**4000 METROPOLITAN DRIVE**  
**ORANGE CA 92868**

BU021000



2. Principal Place of Business  
**1300 Morris Drive**

3. Mailing Address  
**P.O. Box 959**

DO NOT WRITE IN THIS SPACE

City & State  
**Chesterbrook, PA**

City & State  
**Valley Forge, PA**

4. FEI Number  
**33-0800482**

Applied For  
 Not Applicable

Zip  
**19087-5594**

Country  
**US**

Zip  
**19482**

Country  
**US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLLIS, STEVE</b> <b>4000 METROPOLITAN DRIVE</b> <b>ORANGE CA 92868</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SAWDEI, MILAN A</b> <b>4000 METROPOLITAN DRIVE</b> <b>ORANGE CA 92868</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William D. Sprague</b> <b>1300 Morris Drive</b> <b>Chesterbrook, PA 19087-5594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>LEACH, SCOTT A</b> <b>4000 METROPOLITAN DRIVE</b> <b>ORANGE CA 92868</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Neil F. Dimick</b> <b>4000 Metropolitan Drive</b> <b>Orange, CA 92868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Assistant Secretary</b> <b>Kent Harms</b> <b>4000 Metropolitan Drive</b> <b>Orange, Ca 92868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer</b> <b>Michael Montevideo</b> <b>1300 Morris Drive</b> <b>Chesterbrook, PA 19087-5594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kent Harms* **REQUIRE** **Kent Harms, Assistant Secretary** **1/15/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)