


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 025 ***150.00

DOCUMENT # F01000003386
1. Entity Name
ASD Specialty Healthcare, Inc.



24001077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc.	3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.
City & State Chesterbrook, PA	City & State Chesterbrook, PA
Zip 19087	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0800482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *CT Corporation*

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City *Plantation* FL Zip Code *33324*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Steven H. Collis 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SVP and CFO Michael D. DiCandilo 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP and Secretary William D. Sprague 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Secretary Vicki L. Bausinger 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Secretary Daniel T. Hirst 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO R. David Yost 1300 Morris Drive Chesterbrook, PA 19087</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel T. Hirst* *Daniel T. Hirst* 1/15/2004 610-727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)