


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 036 ***150.00

DOCUMENT # F01000003386					
1. Entity Name ASD SPECIALTY HEALTHCARE, INC.					
Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087-5594		Mailing Address P O BOX 959 VALLEY FORGE, PA 19482			
2. Principal Place of Business 1300 Morris Drive		3. Mailing Address 1300 Morris Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Chesterbrook, PA		City & State Chesterbrook, PA		4. FEI Number 33-0800482	
Zip 19087		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. (Attachment) OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIS, STEVE		NAME		
STREET ADDRESS	1300 MORRIS DR.		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	SVP, General Counsel & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, WILLIAM D		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 190875594		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	SVP+CFO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMICK, NEIL F		NAME	Michael D. DiCandilo	
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	ORANGE, CA 92868		CITY-ST-ZIP	Chesterbrook, PA 19087	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	EVP+CFO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMICK, NEIL F		NAME	Kurt J. Hiltzinger	
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	ORANGE, CA 92868		CITY-ST-ZIP	Chesterbrook, PA 19087	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	VP+ Corporate Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMS, KENT		NAME	J. F. Quinn	
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	ORANGE, CA 92868		CITY-ST-ZIP	Chesterbrook, PA 19087	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTEVIDEO, MICHAEL		NAME	Daniel T. Hirst	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	CHESTERBROOK, PA 190875594		CITY-ST-ZIP	Chesterbrook, PA 19087	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Daniel T. Hirst</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/9/2005</u> Daytime Phone #: <u>610 727 7000</u>	

ATTACHMENT

40033715

#F01000003386

COMPANY	DIRECTORS	OFFICERS
ASD Specialty Healthcare, Inc.	Steven H. Collis Michael D. DiCandilo Kurt J. Hilzinger R. David Yost	R. David Yost, CEO Steven H. Collis, President Kurt J. Hilzinger, Executive VP & COO Michael D. DiCandilo, Senior VP and CFO William D. Sprague, SVP, General Counsel & Secretary John Chou, VP & Assistant Secretary J.F. Quinn, VP & Corporate Treasurer Vicki L. Bausinger, Assistant Secretary Daniel T. Hirst, Assistant Secretary Diana M. Kammerer, Assistant Secretary

* The business address of all Officers is: 1300 Morris Drive, Suite 100
Chesterbrook, PA 19087-5594