


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # F01000003386 1. Entity Name ASD SPECIALTY HEALTHCARE, INC.	
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Principal Place of Business 1300 MORRIS DR CHESTERBROOK, PA 19087	Mailing Address 1300 MORRIS DR CHESTERBROOK, PA 19087
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04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0800482	Applied For Not Applicable
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

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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	P COLLIS, STEVE 1300 MORRIS DR. CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHOU, JOHN 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD DECANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD HILZINGER, KURT J 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT QUINN, J.F. 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087

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04/23/07-80058-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel T. Hirst 4/5/2007 610 757 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #