

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90137 028 ***150.00

DOCUMENT # F01000003386

1. Entity Name
ASD SPECIALTY HEALTHCARE, INC.



Principal Place of Business
**1300 MORRIS DR
CHESTERBROOK, PA 19087**

Mailing Address
**1300 MORRIS DR
CHESTERBROOK, PA 19087**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number
33-0800482

Applied For
Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLLIS, STEVE
1300 MORRIS DR.
CHESTERBROOK, PA 19087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
CHOU, JOHN
1300 MORRIS DR
CHESTERBROOK, PA 19087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP, General Counsel + Secretary
John Chou
1300 Morris Drive
Chesterbrook PA 19087** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
DECANDILO, MICHAEL D
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
HILZINGER, KURT J
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO / Director
R. David Host
1300 Morris Drive
Chesterbrook, PA 19087** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCT
QUINN, J.F.
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HIRST, DANIEL T
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel T Hirst

5/2/2008

610 227-7000