


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90137 028 ***150.00

DOCUMENT # F0100003386			
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. 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	CHOU, JOHN	NAME	John Chou
STREET ADDRESS	1300 MORRIS DR	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	CHESTERBROOK, PA 19087	CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	EVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECANDILO, MICHAEL D	NAME	
STREET ADDRESS	1300 MORRIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	CITY-ST-ZIP	
TITLE	EVPD <input checked="" type="checkbox"/> Delete	TITLE	CEO / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILZINGER, KURT J	NAME	R. David Gost
STREET ADDRESS	1300 MORRIS DRIVE	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	CHESTERBROOK, PA 19087	CITY-ST-ZIP	Chesterbrook, PA 19087
TITLE	VPCT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, J.F.	NAME	
STREET ADDRESS	1300 MORRIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRST, DANIEL T	NAME	
STREET ADDRESS	1300 MORRIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	CITY-ST-ZIP	
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: <u>Daniel T. Hirst</u>		Date: <u>5/2/2008</u> Daytime Phone #: <u>610 227-7000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	