

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003386

FILED
Feb 10, 2010
Secretary of State

Entity Name: ASD SPECIALTY HEALTHCARE, INC.

Current Principal Place of Business:

1300 MORRIS DR
CHESTERBROOK, PA 19087

New Principal Place of Business:

Current Mailing Address:

1300 MORRIS DR
CHESTERBROOK, PA 19087

New Mailing Address:

FEI Number: 33-0800482 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: R, DAVID YOST
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

Title: SVPS
Name: CHOU, JOHN
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

Title: EVPD
Name: DECANDILO, MICHAEL D
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

Title: CEOD
Name: YOST, DAVID R
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

Title: VPCT
Name: QUINN, J.F.
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

Title: AS
Name: HIRST, DANIEL T
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL T HIRST

AS

02/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date