

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003386

FILED
Mar 26, 2012
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

OFFICERS AND DIRECTORS:

Title: P
Name: COLLIS, STEVEN H
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

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

Title: VPD
Name: GUTTMAN, TIM G
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

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

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

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

03/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date