

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 001 ***150.00

DOCUMENT # F01000003386
1. Entity Name ASD Specialty Healthcare, Inc.

DO NOT WRITE IN THIS SPACE

90054100

2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc.	3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Chesterbrook, PA	City & State Chesterbrook, PA	4. FEI Number 33-0800482	Applied For <input type="checkbox"/> Not Applicable
Zip 19087	Country USA	Zip 19087	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name CT Corporation
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Planatation
State FL
Zip Code 33324

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE President	NAME Steven H. Collis	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP
TITLE Senior VP & CFO	NAME Michael D. DiCandilo	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP
TITLE VP & Secretary	NAME William D. Sprague	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP
TITLE Asst. Secretary	NAME Vicki L. Bausinger	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP
TITLE Asst: Secretary	NAME Daniel T. Hirst	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP
TITLE CEO	NAME R. David Yost	TITLE	NAME
STREET ADDRESS 1300 Morris Drive	CITY - ST - ZIP Chesterbrook, PA 19087	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Hirst **Daniel T. Hirst** 3/10/2003 **610-727-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)