

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006562 (2)

1. Corporation Name

SPECIALTY HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

32 LOOCKERMAN SQUARE, SUITE L-100
DOVER DE 19004

32 LOOCKERMAN SQUARE, SUITE L-100
DOVER DE 19004

REINSTATEMENT 96 20

2. Principal Place of Business

2a. Mailing Address

21 6300 S. Syracuse Way

26 6300 S. Syracuse Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 645

27 Suite 645

City & State

City & State

23 Englewood, CO

28 Englewood, CO

Zip

Country

Zip

Country

24 80111

25

29 80111

30

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

03/30/1995

4. FEI Number

84-1285635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

300002004309--8

-11/14/96--01033--019

84 City

****375.00 FL ***#879*00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or director of the corporation, hereby certifies that the information furnished in this statement 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Howard Finkel

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

DP
FINKEL, HOWARD B

STREET ADDRESS

32 LOOCKERMAN SQ., STE. L-100
DOVER DE 19004

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

DVS
HARRISON, JOHN K

STREET ADDRESS

32 LOOCKERMAN SQ., STE. L-100
DOVER DE 19004

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

DVT
REIFF, LAWRENCE M

STREET ADDRESS

32 LOOCKERMAN SQ., STE. L-100
DOVER DE 19004

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

DC
HOWARD FINKEL

1.3 STREET ADDRESS

6300 S. SYRACUSE WAY, #645
ENGLEWOOD, CO 80111

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

DPS
JOHN HARRISON

2.3 STREET ADDRESS

6300 S. SYRACUSE WAY, #645
ENGLEWOOD, CO 80111

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

DVT
LAWRENCE REIFF

3.3 STREET ADDRESS

6300 S. SYRACUSE WAY, #645
ENGLEWOOD, CO 80111

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

D
Dan Raynor

4.3 STREET ADDRESS

405 LEXINGTON AVE., 54TH FLOOR
NEW YORK, NY 10174

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

D
Michael McCarthy

5.3 STREET ADDRESS

205 West Touhy Avenue
Park Ridge, IL 60068

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence Reiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 23, 1996 (303) 793-0770

Daytime Phone #