

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000006562 (2)

1. Corporation Name
SPECIALTY HEALTHCARE MANAGEMENT, INC.



Principal Place of Business: 6300 S. SYRACUSE WAY SUITE 645 ENGLEWOOD CO 80111

Mailing Address: 6300 S. SYRACUSE WAY SUITE 645 ENGLEWOOD CO 80111-6726

3. Date Incorporated or Qualified: **12/22/1994**

3a. Date of Last Report: **11/08/1996**

4. FEI Number: **84-1285635**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**

7. **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

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

83.

84. City

85. Zip Code: **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKEL, HOWARD B	1.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOHN K	2.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFF, LAWRENCE M	3.2 NAME	
STREET ADDRESS	6300 S. SYRACUSE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNOR, DAN	4.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE, 645	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL	5.2 NAME	
STREET ADDRESS	205 WEST TOUHY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL 60068	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard B Finkel **4/15/97** **(303) 793-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (9/96)