


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003924 (5)

1. Corporation Name
SPECIALIZED PATIENT CARE SERVICES, INC.

Principal Place of Business 550 WESTERN DRIVE MOBILE AL 36607	Mailing Address 550 WESTERN DRIVE MOBILE AL 36607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 50 E. RiverCenter Blvd. 27 Suite 1530 28 Covington, KY 29 Zip Country 30 41011		3. Date Incorporated or Qualified 07/31/1996	4. FEI Number 63-1159534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T 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 84 City FL 85 Zip Code
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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	CPD	1.1 TITLE	P
NAME	WYATT, CLIFFORD D JR	1.2 NAME	Brown, Charles L.
STREET ADDRESS	550 WESTERN DRIVE	1.3 STREET ADDRESS	5409-D Southern Comfort Blvd.
CITY-ST-ZIP	MOBILE AL 36607	1.4 CITY-ST-ZIP	Tampa, FL 33534
TITLE	SD	2.1 TITLE	V
NAME	WYATT, C D	2.2 NAME	Wyatt, C. Donald
STREET ADDRESS	550 WESTERN DRIVE	2.3 STREET ADDRESS	550 Western Drive
CITY-ST-ZIP	MOBILE AL 36607	2.4 CITY-ST-ZIP	Mobile, AL 36607
TITLE	UT	3.1 TITLE	T
NAME	BESS, JOHN	3.2 NAME	Abbott, Bradley S.
STREET ADDRESS	84 CEDAR LANE - 1A	3.3 STREET ADDRESS	1413 Amsterdam Road
CITY-ST-ZIP	TRUSSVILLE AL 35173	3.4 CITY-ST-ZIP	Park Hills, KY 41011
TITLE	DV	4.1 TITLE	DS
NAME	BROWN, CHARLES L	4.2 NAME	Rice, Janice M.
STREET ADDRESS	5409-D SOUTHERN COMFORT BLVD	4.3 STREET ADDRESS	3573 Mooney Avenue
CITY-ST-ZIP	TAMPA FL 33534	4.4 CITY-ST-ZIP	Cincinnati, OH 45208
TITLE	CON	5.1 TITLE	D
NAME	HUGGINS, DENNIS R	5.2 NAME	DuPuy, Joseph L.
STREET ADDRESS	550 WESTERN DRIVE	5.3 STREET ADDRESS	1221 Charlton Road
CITY-ST-ZIP	MOBILE AL 36607	5.4 CITY-ST-ZIP	Edmond, OK 73003
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E034 (10/97)