

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90073 029 \*\*\*150.00

DOCUMENT # **F96000003924**

1. Corporation Name

**Specialized Patient Care Services, Inc.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**7/31/96**

4. FEI Number

**63-1159534**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**96 Omnicare, Inc. 1717 Dixie Hwy**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Ft. Wright, KY**

Zip

**41011**

Country

**U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

**CT Corporation System**

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

**1200 South Pine Island Road**

83.

84. City

**Plantation**

**FL**

85. Zip Code

**33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

NAME **Charles L. Brown**  
STREET ADDRESS **5409-D Southern Comfort Blvd.**  
CITY-STATE-ZIP **Tampa, FL 33534**

TITLE ☐ DELETE

NAME **Wyatt, C. Donald**  
STREET ADDRESS **350 Western Drive**  
CITY-STATE-ZIP **Mobile, AL 36607**

TITLE ☐ DELETE

NAME **Bradley S. Abbott**  
STREET ADDRESS **1413 Amsterdam Road**  
CITY-STATE-ZIP **Park Hills, KY 41011**

TITLE ☐ DELETE

NAME **Janice M. Rice**  
STREET ADDRESS **3873 Mooney Ave**  
CITY-STATE-ZIP **Cincinnati, OH 45208**

TITLE ☐ DELETE

NAME **Joseph L. Dupuy**  
STREET ADDRESS **1221 Charlton Road**  
CITY-STATE-ZIP **Edmond, OK 73003**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**5 D**

**Catherine I. Greany**  
**3203 Golden Avenue, Apt 504**  
**Cincinnati OH 45226**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-STATE-ZIP**

**6.1 TITLE**

**6.2 NAME**

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