



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 012 ***150.00

DOCUMENT # F96000003924 1. Entity Name SPECIALIZED PATIENT CARE SERVICES, INC.							
Principal Place of Business 100 E. RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011				Mailing Address 100 E. RIVERCENTER BLVD. COVINGTON, KY 41011 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 E. Rivercenter Blvd. Suite, Apt. #, etc. Suite 1600					
City & State Covington, Ky		City & State Covington, Ky					
Zip 41011	Country U.S.A.	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				04212004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, BRADLEY S 1413 AMSTERDAM ROAD PARK HILLS, KY 41011	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	T Abbott, Bradley S. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYATT, C D 550 WESTERN DRIVE MOBILE, AL 36607	<input type="checkbox"/> Delete	V Wyatt, C D 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINN, TRACY L 100 E RIVERCENTER BLVD STE 1500 COVINGTON, KY 41011	<input type="checkbox"/> Delete	P Finn, Tracy 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, REGIS T 100 E. RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPUY, JOSEPH L 1221 CHARLTON ROAD EDMOND, OK 73003	<input type="checkbox"/> Delete	D Dupuy, Joseph 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MARSH, THOMAS R 3068 BALSAM COURT EDGEWOOD, KY 41017	<input type="checkbox"/> Delete	ATD Marsh, Thomas R. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Bradley S. Abbott</u> 04/22/2004 859-392-3347 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							