

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 050 ***150.00

DOCUMENT # F96000003924

1. Entity Name
SPECIALIZED PATIENT CARE SERVICES, INC.



Principal Place of Business
**100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US**

Mailing Address
**100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US**

50051868



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1159534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ABBOTT, BRADLEY S
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WYATT, C D
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FINN, TRACY L
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROBBINS, REGIS T
100 E. RIVERCENTER BLVD., STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUPUY, JOSEPH L
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
MARSH, THOMAS R
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____

Bradley S. Abbott **Bradley S. Abbott** 04/12/2005 859-392-3347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #