

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90108 044 \*\*\*150.00

**DOCUMENT # F96000003924**

**1. Entity Name**  
**SPECIALIZED PATIENT CARE SERVICES, INC.**



**Principal Place of Business**  
**550 WESTERN DRIVE**  
**MOBILE AL 36607**

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

**2. Principal Place of Business**

**100 E. Rivercenter Blvd.**

Suite, Apt. #, etc.

**Ste. 1600**

City & State  
**Covington, Ky**

Zip  
**41011**

Country  
**USA**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 63-1159534**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**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**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

T ☐ Delete  
NAME **ABBOTT, BRADLEY S**  
STREET ADDRESS **1413 AMSTERDAM ROAD**  
CITY-ST-ZIP **PARK HILLS KY 41011**

Secretary/Director ☐ Change ☒ Addition  
NAME **Regis T. Robbins**  
STREET ADDRESS **100 E. Rivercenter Blvd., Ste. 1600**  
CITY-ST-ZIP **Covington, Ky 41011**

V ☐ Delete  
NAME **WYATT, C D**  
STREET ADDRESS **550 WESTERN DRIVE**  
CITY-ST-ZIP **MOBILE AL 36607**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **FINN, TRACY L**  
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1500**  
CITY-ST-ZIP **COVINGTON KY 41011**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD ☒ Delete  
NAME **GREANY, CATHERINE I**  
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1500**  
CITY-ST-ZIP **COVINGTON KY 41011**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **DUPUY, JOSEPH L**  
STREET ADDRESS **1221 CHARLTON ROAD**  
CITY-ST-ZIP **EDMOND OK 73003**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ATD ☐ Delete  
NAME **MARSH, THOMAS R**  
STREET ADDRESS **3068 BALSAM COURT**  
CITY-ST-ZIP **EDGEWOOD KY 41017**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** Bradley S. Abbott 4/15/2003 (859) 392-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)