


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006873

1. Corporation Name
SPECIALCARE HOSPITAL MANAGEMENT CORPORATION



Principal Place of Business 11227 MANCHESTER RD. KIRKWOOD MO 63122	Mailing Address 11227 MANCHESTER RD. KIRKWOOD MO 63122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4260 Shoreline Drive	2a. Mailing Address 26 4260 Shoreline Drive
Suite, Apt. #, etc. 22 150	Suite, Apt. #, etc. 27 150
City & State 23 St Louis, MO	City & State 28 St. Louis, MO
Zip Country 24 63045 25	Zip Country 29 63045 30

3. Date Incorporated or Qualified 12/23/1996	
4. FEI Number 43-1616297	Applied For 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 236 East 6th Avenue
83
84 City Tallahassee FL 85 Zip Code 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSDC	<input type="checkbox"/> DELETE
NAME	MCNUTT, ROBERT C	
STREET ADDRESS	11227 MANCHESTER RD.	
CITY-ST-ZIP	KIRKWOOD MO 63122	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BILLINGS, WILLIAM	
STREET ADDRESS	11227 MANCHESTER RD.	
CITY-ST-ZIP	KIRKWOOD MO 63122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4260 Shoreline Dr, Ste. 150
1.4 CITY-ST-ZIP	St. Louis, MO 63045
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4260 Shoreline Dr, Ste 150
2.4 CITY-ST-ZIP	St. Louis, MO 63045
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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, with all other like empowered.

SIGNATURE: **X** **ROBERT C. MCNUTT, C.R.O.** 3/30/99 (814) 770-2212
SIGNATURE AND APPLIED OR AFFIXED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)