

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006873

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: SPECIALCARE HOSPITAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

4260 SHORELINE DRIVE  
#150  
ST. LOUIS, MO 63045

**New Principal Place of Business:**

**Current Mailing Address:**

4260 SHORELINE DRIVE  
#150  
ST. LOUIS, MO 63045

**New Mailing Address:**

FEI Number: 43-1616297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSDC ( ) Delete  
Name: MCNUTT, ROBERT C  
Address: 4260 SHORELINE DR. , STE. 150  
City-St-Zip: ST. LOUIS, MO 63045

Title: V ( ) Delete  
Name: BILLINGS, WILLIAM  
Address: 4260 SHORELINE DR, STE. 150  
City-St-Zip: ST. LOUIS, MO 63045

Title: VP ( ) Delete  
Name: MILLEA, THOMAS  
Address: 4260 SHORELINE DR. SUITE 150  
City-St-Zip: ST. LOUIS, MO 63045

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BILLINGS, WILLIAM  
Address: 4260 SHORELINE DR, STE. 150  
City-St-Zip: ST. LOUIS, MO 63045

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BILLINGS

VP

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date