

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006873

FILED
Jan 05, 2005
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:** VP 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:** Change Addition
Name:
Address:
City-St-Zip:**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

01/05/2005

Electronic Signature of Signing Officer or Director

Date