

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006873

FILED
Jan 13, 2006
Secretary of State

Entity Name: SPECIALCARE HOSPITAL MANAGEMENT CORPORATION

Current Principal Place of Business:

514 EARTH CITY PLAZA, STE. 310
EARTH CITY, MO 63045

New Principal Place of Business:

514 EARTH CITY PLAZA
STE. 310
EARTH CITY, MO 63045

Current Mailing Address:

514 EARTH CITY PLAZA, STE. 310
EARTH CITY, MO 63045

New Mailing Address:

514 EARTH CITY PLAZA
STE. 310
EARTH CITY, MO 63045

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: 514 EARTH CITY PLAZA, STE. 310
City-St-Zip: EARTH CITY, MO 63045

Title: VP () Delete
Name: BILLINGS, WILLIAM
Address: 514 EARTH CITY PLAZA, STE. 310
City-St-Zip: EARTH CITY, MO 63045

Title: VP () Delete
Name: MILLEA, THOMAS
Address: 514 EARTH CITY PLAZA, STE. 310
City-St-Zip: EARTH CITY, 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 Chapter 119, 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

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date