

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006873

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** SPECIALCARE HOSPITAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

502 EARTH CITY PLAZA  
STE. 311  
EARTH CITY, MO 63045

**New Principal Place of Business:**

**Current Mailing Address:**

502 EARTH CITY PLAZA  
STE. 311  
EARTH CITY, 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  
**Name:** MCNUTT, ROBERT C  
**Address:** 502 EARTH CITY PLAZA, STE. 311  
**City-St-Zip:** EARTH CITY, MO 63045

**Title:** VP  
**Name:** BILLINGS, WILLIAM  
**Address:** 502 EARTH CITY PLAZA, STE. 311  
**City-St-Zip:** EARTH CITY, MO 63045

**Title:** VP  
**Name:** MILLEA, THOMAS  
**Address:** 502 EARTH CITY PLAZA, STE. 311  
**City-St-Zip:** EARTH CITY, MO 63045

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BILLINGS

VP

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date