## **FILED**

## Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90152 005 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900000260

1. Entity Name

SPECIALIZED CARE SERVICES, INC.

300 OPUS CENTER (MNOO8-T202)						
9900 BREN ROAD EAST						
MINNETONICA MN 55343						

Principal Place of Business

Mailing Address

300 OPUS CENTER (MNOO8-T202) 9900 BREN ROAD EAST MINNETONKA MN 55343

2. Principal Place of Busines	SS	3. Mailing Address				
9900 Bren Road	l East	9900 Bren Road East				
Suite, Apt. #, etc. MN008-T410		Suite, Apt. #, etc. MN008-T410				
City & State Minnetonka, MN	1	City & State Minnetonka, M	1			
Zio	Country	Zip	Country			



2. Principal Place of Business			3. Mailing Address							
	ren Roa	ıd East	9900 Bren Road East		t.					
Suite, Apt. MN008-			Suite, Apt. #, etc. MN008-T410					DO NOT WRITE IN	THIS SPACE	
City & State City & State					4. F	El Number	41-1921983	<del></del>	oplied For	
Minnetonka, MN Minnetonka, MN								ot Applicable		
Zip		Country	Zip Country		•	<b>5.</b> C	5. Certificate of Status Desired  \$8.75 Additional Fee Required			
<u>55343</u> ទ		USA	55343	USA	<u> </u>	7 14	ame and A	ddress of New Regist		
<del> </del>	6. Name	and Address of Current R	egistered Agent		Name	/· N	aine and A	dalasa oi item negisi	eled Agent	
C T CORPORATION SYSTEM										
		NE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
	SOUTH PI							ar.		
PLAN	HAHON FL	. 33324								
					City				FL Zip Cod	le
			<u>.                                    </u>		<u></u>	-10-			<u> </u>	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or	registered age	nt, or both	, in the State of Florida.		
										)
SIGNATURE .									2.172	
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signatu	re required when rei	nstating)		DATÉ	
9. This corporation is eligible to satisfy its Intangible		FILE NOW	!!! FEE	IS \$150.0	0	10 Elec	tion Campaign Financir	og <b>¢</b> 5.0	O May Be	
Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00		50.00	Trust Fund Contribution. ☐ Added to Fees					
(See criter	ria on back)	<b>⊠</b> K	Make Check Payal	ble to D	epartment					
11.		OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/C	HANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	CPCE		☐ Delete	TITL	.E				☐ Change	☐ Addition
NAME	COLDI, HOTALD B		NAM	lE	Pleas	Please See Attached				
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	MINNETO	NKA MN 55343		CITY	f-ST-ZIP					
TITLE -	D		☐ Delete	TITL	E ]	D1 .		1 1	☐ Change	☐ Addition
NAME	HEMSLEY	, stephen j		NAM	łE	Pleas	se See	Attached		
STREET ADDRESS	300 OPUS	S CENTER (MNOO8-T202	2)		EET ADDRESS					
CITY-ST-ZIP	MINNETO	NKA MN 55343		CITY	Y-ST-ZIP					
TITLE	T		Delete	TITL	.E		,-	and the second	Change	Addition
NAME	PORTH, S	SUSAN E		NAM	i i					
STREET ADDRESS		KET STREET 27TH FL			EET ADDRESS					İ
CITY-ST-ZIP	SAN FRAI	NCISCO CA 94105-2426	****	CITY	r-ST-ZIP			4.10		
TITLE	AT		☐ Delete	TITE	.E				☐ Change	☐ Addition
NAME	WEISS, A			NAM		Pleas	se:See	Attached		
STREET ADDRESS		COLN DRIVE			EET ADDRESS					
CITY-ST-ZIP		V 55436-1611		_	Y-ST-ZIP					
TITLE	<b>S</b>		☐ Detete	TITL	_				☐ Change	☐ Addition
NAME	RYAN, TIN			NAM		Pleas	se See	Attached		
STREET ADDRESS	I	S CENTER (MNOO8-T202	?)		eet adoress Y-ST-ZIP					
CITY-ST-ZIP	IMINNETO	NKA MN 55343		CHY	-31-41					

I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

FLOTTEMESCH, DIANE L

5901 LINCOLN DR.

**EDINA MN 55436** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Timothy F. Ryan

1/15/2001

Please See Attached

952-936-1839

Addition

Daytime Phone #

☐ Change

12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
Title Name Street Address City-ST-Zip	P/D/CEO Ronald B. Colby 9900 Bren Road East Minnetonka, MN 55343	⊠ Change	□ Addition				
Title Name Street Address City-ST-Zip	D Stephen J. Hemsley 9900 Bren Road East Minnetonka, MN 55343	⊠ Change ·	□ Addition				
Title Name Street Address City-ST-Zip	AT Scott C. Herman 9900 Bren Road East Minnetonka, MN 55343	□ Change	⊠ Addition				
Title Name Street Address City-ST-Zip	T Allan J. Weiss 9900 Bren Road East Minnetonka, MN 55343	⊠-Change	⊡ Addition ~				
Title Name Street Address City-ST-Zip	S Timothy F. Ryan 9900 Bren Road East Minnetonka, MN 55343	⊠ Change	□ Addition				
Title Name Street Address City-ST-Zip	V Diane L. Flottemesch 9900 Bren Road East Minnetonka, MN 55343	⊠ Change	□ Addition				
Title Name Street Address City-ST-Zip	AS David J. Lubben 9900 Bren Road East Minnetonka, MN 55343	□ Change	⊠ Addition				