

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000260

FILED
Apr 29, 2008
Secretary of State

Entity Name: SPECIALIZED CARE SERVICES, INC.

Current Principal Place of Business:

9900 BREN ROAD EAST
MN008-T700
MINNETONKA, MN 55343

New Principal Place of Business:

9900 BREN ROAD EAST
MINNETONKA, MN 55343

Current Mailing Address:

6300 OLSON MEMORIAL HIGHWAY
MN010-E151
GOLDEN VALLEY, MN 55427

New Mailing Address:

5995 PLAZA DRIVE
CA112-0267
CYPRESS, CA 90630

FEI Number: 41-1921983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: GILLESPIE, WILLIAM A
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: D () Delete
Name: ANDERSON, RICHARD H
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: T () Delete
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: P, D () Delete
Name: GILLESPIE, WILLIAM A
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: S () Delete
Name: RYAN, TIMOTHY F
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: AS () Delete
Name: LUIS, JUANITA
Address: 9900 BREN ROAD E.
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: OWENS, DAWN M
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: D (X) Change () Addition
Name: PRINCE, JOHN M
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

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

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

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

Title: AS (X) Change () Addition
Name: LUIS, JUANITA
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

I hereby certify that the information supplied with this filing does not qualify 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: JUANITA B LUIS

AS

04/29/2008

Electronic Signature of Signing Officer or Director

Date