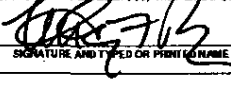


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90502 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

70045080

DOCUMENT # F99000000260					
1. Entity Name SPECIALIZED CARE SERVICES, INC.					
Principal Place of Business 9900 BREN ROAD EAST MN008-T410 MINNETONKA, MN 55343			Mailing Address 9900 BREN ROAD EAST MN008-T410 MINNETONKA, MN 55343		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-1921983	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when substituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCED	☐ Delete	TITLE	D/CEO	☒ Change ☐ Addition
NAME	COLBY, RONALD B		NAME	Ronald B. Colby	
STREET ADDRESS	9900 BREN RD EAST		STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	D	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	HEMSLEY, STEPHEN J		NAME	G. Mike Mikan, III	
STREET ADDRESS	9900 BREN RD EAST		STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	T	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	WEISS, ALAN		NAME	David S. Wichmann	
STREET ADDRESS	9900 BREN RD EAST		STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	AT	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	HERMAN, SCOTT		NAME	John W. Kelly	
STREET ADDRESS	9900 BREN RD EAST		STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYAN, TIMOTHY F		NAME		
STREET ADDRESS	9900 BREN ROAD EAST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUBBEN, DAVID		NAME		
STREET ADDRESS	9900 BREN ROAD EAST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  , Timothy F. Ryan				4/18/2003 952-936-1839	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2E034 (10/02)