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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	Mailing Address
9900 BREN ROAD EAST MN008-T410 MINNETONKA, MN 55343	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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO COLBY, RONALD B 9900 BREN RD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO Ronald B. Colby 9900 Bren Road East Minnetonka, MN 55343	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMSLEY, STEPHEN J 9900 BREN RD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T G. Mike Mikan, III 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEISS, ALAN 9900 BREN RD EAST MINNETONKA, MN 55343	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P David S. Wichmann 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HERMAN, SCOTT 9900 BREN RD EAST MINNETONKA, MN 55343	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V John W. Kelly 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RYAN, TIMOTHY F 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LUBBEN, DAVID 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 #