

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006873

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC0035666035**

**Entity Name:** SPECIALCARE HOSPITAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 43-1616297

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title PSDC  
Name MCNUTT, ROBERT C  
Address 502 EARTH CITY PLAZA, STE. 311  
City-State-Zip: EARTH CITY MO 63045

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

Title VP  
Name MILLEA, THOMAS  
Address 502 EARTH CITY PLAZA, STE. 311  
City-State-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

SR. EXEC. VP

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date