

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13596

Entity Name: SPECIALTYCARE CARDIOVASCULAR RESOURCES, INC.**Current Principal Place of Business:**3100 WEST END AVE STE 800
NASHVILLE, TN 37203**Current Mailing Address:**3100 WEST END AVE STE 800
NASHVILLE, TN 37203 US**FEI Number:** 23-2446554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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 VP, DIRECTOR
Name MALONEY, DAVID M
Address 3100 WEST END AVE STE 800
City-State-Zip: NASHVILLE TN 37203

Title SECRETARY, DIRECTOR
Name HEAD, DAVID C
Address 3100 WEST END AVE STE 800
City-State-Zip: NASHVILLE TN 37203

Title CFO, TREASURER, DIRECTOR
Name GRAY, JEFFREY T.
Address 3100 WEST END AVE STE 800
City-State-Zip: NASHVILLE TN 37203

Title PRESIDENT, CHAIRMAN, CEO,
DIRECTOR
Name MAULDIN, J MICHAEL
Address 3100 WEST END AVE STE 800
City-State-Zip: NASHVILLE TN 37203

Title VP
Name ELLIOTT, WILLIAM J
Address 3100 WEST END AVE STE 800
City-State-Zip: NASHVILLE TN 37203

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: MR. DAVID M. MALONEY, DMM

VP, DIRECTOR

03/06/2014

Electronic Signature of Signing Officer/Director Detail

Date