

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097513

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: SPECIAL CARE PROVIDERS OF BETHESDA, INC.

## Current Principal Place of Business:

% RICHARD A. COREN  
3599 HOLLYWOOD OAKS DRIVE  
HOLLYWOOD, FL 33312

## New Principal Place of Business:

2815 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

% RICHARD A. COREN  
3599 HOLLYWOOD OAKS DRIVE  
HOLLYWOOD, FL 33312

## New Mailing Address:

4701 NORTH MERIDIAN AVENUE  
SIX NICHOL  
MIAMI BEACH, FL 331402800

FEI Number: 02-0644958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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: PD ( ) Delete  
Name: COREN, RICHARD A  
Address: 3599 HOLLYWOOD OAKS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33312

Title: STD ( ) Delete  
Name: PAGE, PAUL  
Address: 3599 HOLLYWOOD OAKS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL J. PAGE

STD

01/12/2004

Electronic Signature of Signing Officer or Director

Date