

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000097513

FILED
Jan 14, 2003
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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0644958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: RICHARD A COREN

PD

01/14/2003

Electronic Signature of Signing Officer or Director

_____ Date