

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09330

Entity Name: SPECIAL CARE, INC.

Current Principal Place of Business:

760 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

760 PONCE DE LEON BLVD
MIAMI, FL 33134 US

FEI Number: 59-2363337

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRACERAS, WILFRED
760 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 SECRETARY/TREASURER/DIRECTOR
Name BRACERAS, WILFRED
Address 760 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT/DIRECTOR
Name LOFFREDO, GARY R
Address 760 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name BRACERAS, ELIZABETH C
Address 760 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name WECHTER, CLAUDIA
Address 760 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

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: WILFRED BRACERAS

SECRETARY/DIRECTOR

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date