

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000086202

**Entity Name:** SPECIAL CARE PROVIDERS OF BROWARD, INC.

**Current Principal Place of Business:**

201 EAST SAMPLE ROAD  
7 FLOOR - SCU  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

201 EAST SAMPLE ROAD  
7 FLOOR - SCU  
POMPANO BEACH, FL 33064

**FEI Number:** 30-0323336

**Certificate of Status Desired:** No

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

COREN, RICHARD A  
7346 SEDONA DRIVE  
DELRAY BEACH, FL 33446 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 P,T  
Name COREN, RICHARD A  
Address 7346 SEDONA DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title VP,S  
Name PAGE, PAUL J  
Address 3673 BIRCH TERRACE  
City-State-Zip: DAVIE FL 33330

*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:** PAUL PAGE

VP

02/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date