

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000066546

Entity Name: SPECIALTY NURSING CARE, INC.

Current Principal Place of Business:

6002 SW 1ST ST
PLANTATION, FL 33317

Current Mailing Address:

6002 SW 1ST ST
PLANTATION, FL 33317

FEI Number: 26-3577741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LICHTMAN, ALAN D
6002 SW 1ST ST
PLANTATION, FL 33317 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
Name JENSEN LICHTMAN, TAMMY
Address 6002 SW 1ST ST
City-State-Zip: PLANTATION FL 33317

Title VP
Name LICHTMAN, ALAN D
Address 6002 SW 1ST ST
City-State-Zip: PLANTATION FL 33317

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: ALAN D. LICHTMAN

VP

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date