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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84355 (0)

1. Corporation Name
SPECIALTY CARE, INC.

Principal Place of Business
% GERHARDT A. SCHREIBER, ESQ.
890 S. DIXIE HWY.
CORAL GABLES FL 33146

Mailing Address
% GERHARDT A. SCHREIBER, ESQ.
890 S. DIXIE HWY.
CORAL GABLES FL 33146-2803



3. Date Incorporated or Qualified 06/03/1988
3a. Date of Last Report 09/16/1996

2. Principal Place of Business
21 5960 SW 57th Ave
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip 33143 Country USA
24
25
26 5960 SW 57th Ave
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 33143 Country USA
29
30

4. FEI Number 65-0081689
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHREIBER, GERHARDT A.
890 S. DIXIE HWY.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME FRICK, DALE
STREET ADDRESS 5960 SW 57TH AVE
CITY-ST-ZIP MIAMI FL
TITLE C
NAME WOLFBERG, DAVID A.
STREET ADDRESS 5960 SW 57TH AVE
CITY-ST-ZIP MIAMI FL
TITLE V
NAME ALVEREZ, JULIO E
STREET ADDRESS 5960 SW 57TH AVE
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale W. Frick Dale W. Frick 2/19/99 35662-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)