

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 026 ***158.75

0177798

DOCUMENT # M84355

1. Entity Name
SPECIALTY CARE, INC.

Principal Place of Business

**5960 SW 57TH AVE
 MIAMI FL 33143
 US**

Mailing Address

**5960 SW 57TH AVE
 MIAMI FL 33143
 US**

UC052224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 San Remo Avenue

Suite, Apt. #, etc.

Suite 300

City & State
Coral Gables, FL 33146

Zip
33146

Country

3. Mailing Address

1500 Remo Avenue

Suite, Apt. #, etc.

Suite 300

City & State
Coral Gables, FL

Zip
33146

Country

4. FEI Number **65-0081689**

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A.
 2222 PONCE DE LEON BLVD
 PENTHOUSE SUITE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRICK, DALE	
STREET ADDRESS	5960 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	WOLFBERG, DAVID A.	
STREET ADDRESS	5960 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVEREZ, JULIO E	
STREET ADDRESS	5960 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 San Remo Avenue Suite 300	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 San Remo Avenue, Suite 300	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 San Remo Avenue Suite 300	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

4/27/01 (305)666-5474