

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90764 001 ***458.75

DOCUMENT # M84355

1. Entity Name

Specialty Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 San Remo Avenue

3. Mailing Address

1500 San Remo Avenue

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0081689

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Schreiber, Rodon-Alvarez, P.A.

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

2222 Ponce-de-Leon Blvd.

Penthouse Suite

City Coral Gables

FL

Zip 33134

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P Frick, Dale 1500 San Remo Ave., #300 Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Wolfberg, David A. 1500 San Remo Ave., #300 Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alvarez, Julio A. 1500 San Remo Ave., #300 Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)