

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90022 028 ***150.00

0318937
 AV

DOCUMENT # P00000083477

1. Entity Name
SPECIAL CARE PROVIDER, INC.

Principal Place of Business

**5639 ROYAL OAK WAY
 HOLLYWOOD FL 33312**

Mailing Address

**5639 ROYAL OAK WAY
 HOLLYWOOD FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4300 Alton Road

3. Mailing Address

3599 Hollywood Oaks Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Hollywood, FL

4. FEI Number

65-1040601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COREN, RICHARD
 5639 ROYAL OAK WAY
 HOLLYWOOD FL 33312**

7. Name and Address of New Registered Agent

Name **RICHARD A. COREN**

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

3599 HOLLYWOOD OAKS DRIVE

City

HOLLYWOOD

FL

Zip Code

33312

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, 2002 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 **PD** ☐ Delete
 NAME **COREN, RICHARD A**
 STREET ADDRESS **5639 ROYAL OAK WAY**
 CITY-ST-ZIP **HOLLYWOOD-FL 33312** (Change of address)

TITLE **SD** ☐ Delete
 NAME **PAGE, PAUL J**
 STREET ADDRESS **11261 S W 25TH COURT**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **COREN, RICHARD A**
 STREET ADDRESS **3599 HOLLYWOOD OAKS DRIVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 (9/01)