

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037704

FILED
Mar 17, 2004
Secretary of State

Entity Name: SPECIALTY CARE ASSISTANCE, CORP.

Current Principal Place of Business:

1721 WOODMARKET CT.
BRANDON, FL 33510 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4256
BRANDON, FL 33509 US

New Mailing Address:

FEI Number: 59-3708251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, JOSE
1721 WOODMARKET CT
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROJAS, JOSE
Address: P.O. BOX 4256
City-St-Zip: BRANDON, FL 33509

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CAMARA, MARGARITA
Address: P.O. BOX 4256
City-St-Zip: BRANDON, FL 33509

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSE ROJAS

P

03/17/2004

Electronic Signature of Signing Officer or Director

Date