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Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90150 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000037704**

1. Entity Name
SPECIALTY CARE ASSISTANCE, CORP.

90061564

Principal Place of Business	Mailing Address
330 PAULS DR. BRANDON, FL 33511	330 PAULS DR. BRANDON, FL 33511

2. Principal Place of Business	3. Mailing Address
1721 WoodMarket CT	P.O Box 4256
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: BRANDON FL
Zip: 33510 Country: USA	Zip: 33509 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3708251 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, JOSE
330 PAULS DR.
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1721 WoodMarket CT
City Brandon FL Zip Code 33510

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, JOSE 330 PAULS DR. BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition P.O Box 4256 Brandon FL 33509
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)