

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000055999

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SPECIAL CARE PEDIATRICS, CORP.

**Current Principal Place of Business:**

10240 SW 56TH STREET  
SUITE 108  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

10240 SW 56TH STREET  
SUITE 108  
MIAMI, FL 33165 US

**New Mailing Address:**

**FEI Number:** 65-1110575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAPOTE, MARIA E M  
10240 SW 56TH STREET  
# 108  
MIAMI, FL 33165 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CAPOTE, MARIA E. M  
**Address:** 10240 SW 56TH STREET STE 108  
**City-St-Zip:** MIAMI, FL 33165 US

**Title:** ADMI  
**Name:** CAPOTE, GERARDO F  
**Address:** 10240 SW 56 ST.,STE108  
**City-St-Zip:** MIAMI, FL 33165

I hereby 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 all other like empowered.

SIGNATURE: MARIA MEDINA-CAPOTE

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date