## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000097513

Address:

City-St-Zip:

3599 HOLLYWOOD OAKS DRIVE

HOLLYWOOD, FL 33312

Entity Name: SPECIAL CARE PROVIDERS OF BETHESDA, INC.

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	TH SEACRES NBEACH, FL	ST BOULEVARD 33435			
Current Mailing Address:			New Mailing Address:		
4701 NOR	TH MERIDIAN	N AVENUE			
	ACH, FL 3314	102800			
FEI Number	: 02-0644958	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Ad				dress of New Registered Agent:	
FT. LAUD	. 16TH STREE ERDALE, FL	333114132 US			
	enamed entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COREN, RICH	OOD OAKS DRIVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD ( PAGE, PAUL	) Delete	Title: (	( ) Change ( ) Addition	

Address:

City-St-Zip:

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: PAUL J. PAGE STD 02/04/2005