

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085805

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** D & D SPECIAL CARE SERVICE, INC.

**Current Principal Place of Business:**

5760 NW 40TH TERRACE  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5760 NW 40TH TERRACE  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 20-0496669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUDSON, ERVIN  
5245 NW 96TH AVE  
SUNRISE, FL 33351 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: P  
Name: BROWN, DAPHNIE  
Address: 5351 NW 106TH DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D  
Name: BROWN, DAHLIA  
Address: 5351 NW 106TH DR  
City-St-Zip: CORAL SPRINGS, FL 33076

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: ERVIN HUDSON

RA

04/22/2012

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

\_\_\_\_\_ Date