2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# P07000119673

Entity Name: SPECIAL CARE PROVIDERS OF PLANTATION, INC.

Current Principal Place of Business:

401 NW 42ND AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

201 EAST SAMPLE ROAD
7TH FLOOR SPECIAL CARE UNIT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 33-1187905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COREN, RICHARD A
7346 SEDONA WAY
DELRAY BEACH, FL 33446 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: PAGE, PAUL J
Address: 2373 SW 132ND WAY
City-St-Zip: DAVIE, FL 33325

Title: ST ( ) Delete
Name: COREN, RICHARD A
Address: 7346 SEDONA WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PAGE P 02/10/2009

Electronic Signature of Signing Officer or Director — Date