

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000042115

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** SPECIAL CARE PROVIDERS OF MIAMI, INC.

**Current Principal Place of Business:**

201 EAST SAMPLE ROAD  
7TH FLOOR  
DEERFIELD BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 EAST SAMPLE ROAD  
7TH FLOOR  
DEERFIELD BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number:** 45-2047564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REIBMAN, GENE ESQUIRE  
7805 SOUTHWEST 6TH COURT  
PLANTATION, FL 33324 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: PAGE, PAUL  
Address: 201 EAST SAMPLE ROAD  
City-St-Zip: DEERFIELD BEACH, FL 33064 US

Title: ST  
Name: COREN, RICHARD A  
Address: 201 EAST SAMPLE ROAD  
City-St-Zip: DEERFIELD BEACH, FL 33064 US

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: PAUL PAGE

P

03/21/2012

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

\_\_\_\_\_  
Date