2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000091543

1. Entity Name
SPECIAL CARE TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
22151 CRESSMONT PL.	PO BOX 970546
BOCA RATON, FL 33428	BOCA RATON, FL 33497-0546

DO NOT WRITE IN THIS SPACE

01142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0956153	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, MICHAEL S
22151 CRESSMONT PLACE
BOCA RATON, FL 33428

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GORDON, MICHAEL S
STREET ADDRESS	22151 CRESSMONT PLACE
CITY-ST-ZIP	BOCA RATON, FL 33428

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _Michael S. Gordon_   3/15/2004   561-638-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #