

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000091543		
1. Entity Name SPECIAL CARE TRANSPORTATION, INC.		
Principal Place of Business 22151 CRESSMONT PL. BOCA RATON, FL 33428	Mailing Address PO BOX 970546 BOCA RATON, FL 33497-0546	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GORDON, MICHAEL S 22151 CRESSMONT PLACE BOCA RATON, FL 33428		DO NOT WRITE IN THIS SPACE
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORDON, MICHAEL S 22151 CRESSMONT PLACE BOCA RATON, FL 33428	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael S. Gordon</u> MICHAEL S. GORDON 3/30/2006 561-638-1211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0956153** Applied For
Not Applicable

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

U00000489850
04/18/06-80034-001 150.00

**DO NOT WRITE
IN THIS SPACE**