


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 039 ***150.00

DOCUMENT # P99000091543		
1. Entity Name SPECIAL CARE TRANSPORTATION, INC.		

Principal Place of Business 3401 SPANISH TRAIL APT. #449 DELRAY BEACH, FL 33483 US	Mailing Address 1730 SOUTH FEDERAL HIGHWAY PMB 289 DELRAY BEACH, FL 33483 US
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40047412



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 100 E. Linton Blvd Suite, Apt. #, etc. 145 A	
Suite, Apt. #, etc.		City & State Delray Beach FL	
City & State	Zip 33483	Country U.S.A	

03012008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0956153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, MICHAEL S 3401 SPANISH TRAIL APT. #449 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GORDON, MICHAEL S 3401 SPANISH TRAIL DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael S. Gordon MICHAEL S. GORDON 3/13/2008 561-638-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #