


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State


04-28-2003 90298 001 ***150.00

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

Principal Place of Business 22783 SOUTH STATE ROAD 7, PMB #17 BOCA RATON FL 33428-5427	Mailing Address 22783 SOUTH STATE ROAD 7, PMB #17 BOCA RATON FL 33428-5427
--	--

2. Principal Place of Business 22151 CRESSMONT PL Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 970546 Suite, Apt. #, etc.
---	--

City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA
Zip 33428	Zip 33428-0546
Country U.S.A.	Country U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0956153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COARE, ROBERT I 7280 W. PALMETTO PARK RD., STE. 108 BOCA RATON FL 33433	
--	--

7. Name and Address of New Registered Agent Name: MICHAEL S. GORDON Street Address (P.O. Box Number is Not Acceptable): 22151 CRESSMONT PLACE City: BOCA RATON FL Zip Code: 33428	
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: <i>Michael S. Gordon</i> DATE: 5/12/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORDON, MICHAEL S 22783 SOUTH STATE ROAD 7 PMB 17 BOCA RATON FL 33428-5427 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVIOUS MICHAEL S. GORDON 22151 CRESSMONT PLACE BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Michael S. Gordon</i> DATE: 4/25/2003 DAYTIME PHONE: 561-638-9212	

CR2E034 (10/02)