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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 1_ PM 11:28

DOCUMENT # S47427 (7)

1. Corporation Name
SPECIALIZED CARE, CORP.

Principal Place of Business
~~536 14TH ST., STE 300~~
~~P.O. BOX 1940~~
~~MIAMI FL 33144~~

Mailing Address
~~P.O. BOX 1940~~
~~MIAMI FL 33144~~
~~US~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 4944 Lejeune Rd	2a. Mailing Address: 4944 Lejeune Rd.
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State: C. G., FL
Zip: 33146 Country: USA	Zip: 33134 Country:

3. Date Incorporated or Qualified: 04/23/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0271926 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEDELL, ROBERT
~~922 WALLACE ST.~~ 4944 Lejeune Rd
~~SUITE 303~~
CORAL GABLES FL ~~33134~~ 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~MEDELL, PHILIPPE L~~ ~~536 14TH ST APT 303~~ ~~MIAMI BEACH FL~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☒ Change ☐ Addition	Yolanda Maestre, VPD 15610 SW 62 ST Miami, FL 33193
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~MEDELL, ROBERT~~ ~~922 WALLACE ST~~ ~~CORAL GABLES FL~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☒ Change ☐ Addition	Ramon Maestre, PD 15610 SW 62 ST Miami, FL 33193
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Robert L. Medell~~	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☒ Addition	Robert L. Medell, Jr., Sec/D 3100 SW 130 Ave Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/16/95 (305) 666-70[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438780 FP