

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000151327

Entity Name: SPECIAL CARE PROVIDERS CORPORATE ENTITY, LLC

Current Principal Place of Business:

2200 NW CORPORATE BLVD
SUITE 409
BOCA RATON, FL 33431

Current Mailing Address:

2200 NW CORPORATE BLVD
SUITE 409
BOCA RATON, FL 33431 US

FEI Number: 47-1950263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COREN, RICHARD
Address 2200 NW CORPORATE BLVD
SUITE 409
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name NIMAH, SAM
Address 2200 NW CORPORATE BLVD
SUITE 409
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name STRUL, AUBREY
Address 2200 NW CORPORATE BLVD
SUITE 409
City-State-Zip: BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAM NIMAH

MEMBER

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date