

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J27769

1. Corporation Name
CONTINUACARE CORPORATION

Principal Place of Business

100 SE 2ND STREET
 36TH FLOOR
 MIAMI FL 33131
 US

Mailing Address

100 SE 2ND STREET
 36TH FLOOR
 MIAMI FL 33131
 US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TARBE, SUSAN
 100 SE 2ND STREET
 36TH FLOOR
 MIAMI FL 33131

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ed Ward
 Signature: Typed or printed name of registered agent and, if applicable, the name of the corporation.

81 Name UCC Filing & Search Services, Inc
 82 Street Address (P.O. Box Number is Not Acceptable) 526 East Park Ave.
 83
 84 City Tallahassee FL 85 Zip Code 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1986

4. FEI Number 59-2716023

Applied For Not Applicable
\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	CDP	[] DELETE
NAME	FERNANDEZ, CHARLES M	
STREET ADDRESS	100 SE 2ND STREET, 36TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	EVA	[] Change <input checked="" type="checkbox"/> Addition
12 NAME	Susan Tarbe, Esq.	
13 STREET ADDRESS	100 SE 2nd Street - 36th Floor	
14 CITY-ST-ZIP	Miami, FL 33131	
21 TITLE	CFO	[] Change <input checked="" type="checkbox"/> Addition
22 NAME	Bruce Altman	
23 STREET ADDRESS	100 SE 2nd Street - 36th Floor	
24 CITY-ST-ZIP	Miami, FL 33131	
31 TITLE	SE U.P. of Compliance & Security	[] Change <input checked="" type="checkbox"/> Addition
32 NAME	Paulis Sabinson	
33 STREET ADDRESS	100 SE 2nd Street - 36th Floor	
34 CITY-ST-ZIP	Miami, FL 33131	
41 TITLE	Secretary	[] Change <input checked="" type="checkbox"/> Addition
42 NAME	Susan Tarbe	
43 STREET ADDRESS	100 SE 2nd Street - 36th Floor	
44 CITY-ST-ZIP	Miami, FL 33131	
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

FILED
 SE APR 30 PM 4:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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, with all other like empowered.

SIGNATURE: Susan Tarbe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/99 (305) 350 7540

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