


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 029 \*\*\*158.75

<b>DOCUMENT # J27769</b> 1. Entity Name CONTINUOCARE CORPORATION			
Principal Place of Business 80 S.W. 8TH STREET SUITE 2350 MIAMI, FL 33130 US		Mailing Address 80 S.W. 8TH STREET SUITE 2350 MIAMI, FL 33130 US	
2. Principal Place of Business 7200 Corporate Center Drive Suite, Apt. #, etc. Suite 600 City & State Miami, Florida Zip 33126 Country U.S.		3. Mailing Address 7200 Corporate Center Drive Suite, Apt. #, etc. Suite 600 City & State Miami, FL Zip 33126 Country U.S.	
4. FEI Number 59-2716023		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		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 PD NAME PFENNIGER, RICHARD C JR. STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE D NAME Flanzraich, Neil STREET ADDRESS 7200 Corporate Center Drive CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME HEALY, PATRICK M STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE D NAME Strait, Marvin A STREET ADDRESS 7200 Corporate Center Drive CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME IZQUIRDO, LUIS H STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE D NAME Fast, Phillip STREET ADDRESS 7200 Corporate Center Drive CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TS NAME HOLT, JANET L STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE T NAME Fernandez, Fernando STREET ADDRESS 7200 Corporate Center Drive CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VS NAME SMITH, KAREN A STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE D NAME Cresci, Robert STREET ADDRESS 7200 Corporate Center Drive CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME NUDEL, JACOB M.D. STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350 CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE V NAME Gemma Rosella STREET ADDRESS 7200 Corporate Center	<input type="checkbox"/> Change <input checked="" 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)(l), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 8.22.05 Daytime Phone #: 305.500.2.000	

50063972



07152005 Chg-P CR2E034 (10/03)

ATTACHMENT 57063972  
#527169

C O N T I N U C A R E  
C O R P O R A T I O N

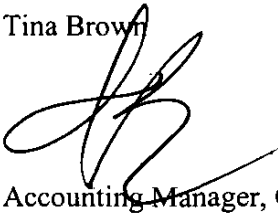
August 12, 2005

To Whom It May Concern:

Attached, please find the print out from [www.Sunbiz.org](http://www.Sunbiz.org), waiving the late fees because we did not receive the annual filing notice. In addition, we are mailing the form as opposed to completing the form online because of the limitation of directors and officers for the on-line filing.

If you have any questions, comments, or concerns, please do not hesitate to contact me at 305.500.2008

Tina Brown



Accounting Manager, Continucare Corporation



ATTACHMENT  
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Division of Corporations

Annual Report

Annual Report Help

Document Number  
J27769

Business Entity Name  
CONTINUCARE CORPORATION

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 592716023  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 80 S.W. 8TH STREET  
Suite, Apt. #, etc. SUITE 2350  
City, State MIAMI, FL  
Zip Code & Country 33130 US

Mailing Address

Address 80 S.W. 8TH STREET  
Suite, Apt. #, etc. SUITE 2350  
City, State MIAMI, FL  
Zip Code & Country 33130 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) \_\_\_\_\_  
- OR -  
Business to serve as RA CORPORATE CREATIONS NETWORK INC.  
Address (PO Box is not acceptable) 11380 PROSPERITY FARMS ROAD #221E  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State PALM BEACH GARDENS, FL  
Zip Code & Country \_\_\_\_\_

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33410 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

[Empty signature box]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD  
Name (Last, First, Middle, Title) PFENNIGER, RICHARD, C, JR.

- OR -

Entity Name to serve as Officer/Director [Empty box]

Street Address 80 S.W. 8TH STREET, SUITE 2350  
City, State MIAMI, FL  
Zip Code & Country 33130

Title VD  
Name (Last, First, Middle, Title) HEALY, PATRICK, M,

- OR -

Entity Name to serve as Officer/Director [Empty box]

Street Address 80 S.W. 8TH STREET, SUITE 2350  
City, State MIAMI, FL  
Zip Code & Country 33130

Title V  
Name (Last, First, Middle, Title) IZQUIRDO, LUIS, H,

- OR -

Entity Name to serve as Officer/Director [Empty box]

Street Address 80 S.W. 8TH STREET, SUITE 2350  
City, State [Empty]

ATTACHMENT SD 06 3972  
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MIAMI, FL  
 Zip Code & Country 33130  
 Title TS  
 Name (Last, First, Middle, Title) HOLT, JANET, L,  
 - OR -  
 Entity Name to serve as Officer/Director

80 S.W. 8TH STREET, SUITE 2350  
 Street Address  
 MIAMI, FL  
 City, State  
 33130  
 Zip Code & Country  
 Title VS  
 Name (Last, First, Middle, Title) SMITH, KAREN, A,  
 - OR -  
 Entity Name to serve as Officer/Director

80 S.W. 8TH STREET, SUITE 2350  
 Street Address  
 MIAMI, FL  
 City, State  
 33130  
 Zip Code & Country  
 Title D  
 Name (Last, First, Middle, Title) NUDEL, JACOB, M.D.  
 - OR -  
 Entity Name to serve as Officer/Director

80 S.W. 8TH STREET, SUITE 2350  
 Street Address  
 MIAMI, FL  
 City, State  
 33130  
 Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PD  
Officer/Director Signature RICHARD PFENNIGER

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that



**ATTACHMENT** 57063972  
**Division of Corporations**

**Annual Report**

**Payment Page**

**Document Tracking # - 600058528056**

**Document Number # - 127769**

**The charge amount for your filing is \$158.75**

**Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.**

**In order to complete this transaction you must select one of the payment options listed below.**

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

**Credit Card Payment**

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

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E-mail Address

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