

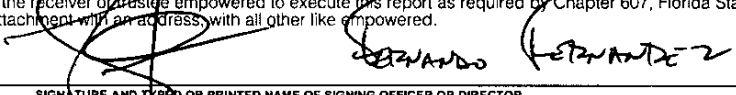


2007 FOR PROFIT CORPORATION ANNUAL REPORT

See Attached. 150

DOCUMENT # J27769 1. Entity Name CONTINUCARE CORPORATION						FILED 07 MAY 23 PM 1:24 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126 US		Mailing Address 7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126 US				 04262007 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 59-2716023		<input type="checkbox"/> 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 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)</small>				400103907024 06/05/07--01015--011 **1250.00 <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD PFENNIGER, RICHARD C JR. 7200 CORPORATE CT DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gemma Resello <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6640 SW 129 Tr. Miami, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANZRAICH, NEIL 7200 CORPORATE CTR DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernando Fernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 Tivoli Ave Coral Gables, FL 33143				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IZQUIRDO, LUIS H 7200 CORPORATE CT DR MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Izquierdo, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 Corporate Ctr. Dr. Miami, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, PHILLIP 7200 CORPORATE CTR DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sadita Bustamante <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8225 SW 99 St. Miami, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAIT, MARVIN A 7200 CORPORATE CTR DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Garcia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3156 North Bay Drive Miami Beach, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUDEL, JACOB M.D. 7200 CORPORATE CT DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holly Lopez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7200 Corporate Ctr. Dr. Miami, FL 33126				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of said corporation 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: 4/26/07 305-500-2000 <small>Daytime Phone #</small>			

Addition

- Robert Cresci
10 Pineapple Street
Brooklyn, NY 11201
- Dr. Luis Cruz
5191 Pine Tree Drive
Miami Beach, Fl 33140