## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27769

**Entity Name: CONTINUCARE CORPORATION** 

**Current Principal Place of Business:** 

777 YAMATO ROAD SUITE 510

BOCA RATON, FL 33431

**Current Mailing Address:** 

777 YAMATO ROAD **SUITE 510** 

BOCA RATON, FL 33431 US

FEI Number: 59-2716023 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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:

Name

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title **PRESIDENT** 

BROUSSARD, BRUCE D. Name Name PERKINS, BRUCE D.

Address 500 W. MAIN STREET, C/O LAW Address 500 W. MAIN STREET, C/O LAW

**DEPARTMENT DEPARTMENT** 

LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip: City-State-Zip:

Title CFO AND TREASURER Title

BAUERNFEIND, GEORGE G. BLOEM, JAMES H. Name Name

500 W. MAIN STREET, C/O LAW Address PO BOX 740026 Address

**DEPARTMENT** 

City-State-Zip: LOUISVILLE KY 40201-7426 LOUISVILLE KY 40202 City-State-Zip:

Title VICE PRESIDENT AND CORPORATE Title ٧P **SECRETARY** 

LENAHAN, JOAN O. BARGER, JOHN E. III Name

500 W. MAIN STREET, 21ST FLOOR 500 W. MAIN STREET, 21ST FLOOR Address Address

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

DIRECTOR Title Title ASSISTANT CORPORATE

**SECRETARY** Name BROUSSARD, BRUCE D.

VENTURA, JOSEPH C. Name 500 W. MAIN STREET, C/O LAW Address

Address 500 W. MAIN STREET, 21ST FLOOR **DEPARTMENT** 

LOUISVILLE KY 40202 City-State-Zip: City-State-Zip: LOUISVILLE KY 40202

## Continues on page 2

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 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 above, or on an attachment with all other like empowered.

02/06/2013 **VP & CORP SEC** SIGNATURE: JOAN O. LENAHAN

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 06, 2013

**Secretary of State** 

CC7604125633

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MURRAY, JAMES E. Name BLOEM, JAMES H.

Address 500 W. MAIN STREET, C/O LAW DEPARTMENT Address 500 W. MAIN STREET, C/O LAW

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202