

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000076580

**Entity Name:** CONTINUUMHR OF FLORIDA, LLC

**Current Principal Place of Business:**

11691 GATEWAY BLVD STE 104  
FORT MYERS, FL 33913

**Current Mailing Address:**

11691 GATEWAY BLVD STE104  
FORT MYERS, FL 33913 US

**FEI Number: 47-3914221**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD.,INC.  
115 NORTH CALHOUN  
SUITE 4  
TALLAHASSEE, FL 32301 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 AMBR  
Name SARVER, ROBERT L II  
Address 11691 GATEWAY BLVD STE 104  
City-State-Zip: FORT MYERS FL 33913

Title AMBR  
Name SARVER, HELEN I  
Address 11691 GATEWAY BLVD STE 104  
City-State-Zip: FORT MYERS FL 33913

Title AMBR  
Name SMITH, DAVID C  
Address 11691 GATEWAY BLVD STE 104  
City-State-Zip: FORT MYERS FL 33913

*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: ROBERT L SARVER II**

**CEO**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date