

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000085749

Entity Name: CONTINEVITY CARE SYSTEMS LLC

Current Principal Place of Business:

880 NW 13TH ST.
SUITE 2B
BOCA RATON, FL 33486

Current Mailing Address:

880 NW 13TH ST.
SUITE 2B
BOCA RATON, FL 33486

FEI Number: 81-2498510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINOFF, RICHARD
19090 SKYRIDGE CIRCLE
BOCA RATON, FL 33498 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 MGR
Name MARTINOFF, RICHARD
Address 19090 SKYRIDGE CIRCLE
City-State-Zip: BOCA RATON FL 33498

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: RICHARD MARTINOFF

MGR

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date