

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002939

1. Entity Name

CONTINUUM HEART CARE OF FLORIDA, LLC

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10220 HUNT CLUB DRIVE  
WEST PALM BEACH FL 33418

Mailing Address

10220 HUNT CLUB DRIVE  
WEST PALM BEACH FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAEFE, RICHARD E  
10220 HUNT CLUB DRIVE  
WEST PALM BEACH FL 33418

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

000004640630--2

-10/18/01--01003--010

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME RICHARD E. GRAEFE  
STREET ADDRESS 10220 HUNT CLUB DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE ☐ Delete

NAME DONALD DENARD  
STREET ADDRESS 8577 ESTATE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Delete

NAME ERIC BAUMEL  
STREET ADDRESS 14791 FARMER PT  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete

NAME JONATHAN HILDE  
STREET ADDRESS 13855 GREENTREE TRAIL  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete

NAME JEFFERY WISNICKI  
STREET ADDRESS 8741 WENDY LAKE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)