


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company CONTINENTAL HEALTH CARE OF FT. MYERS, I.C. 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103		DOCUMENT # L96000000923 FILED 97 MAR 21 PM 1:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 4951 TAMIAMI TRAIL N. #3 Suite, Apt. #, etc. NAPLES, FLORIDA City & State 34103 Zip USA Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 08/30/1996 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report N/A 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent HENNING, CHRISTIAN F JR. 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103		8. Name and Address of New Registered Agent Name HELENA A. DABROWSKI Street Address (P.O. Box Number is Not Acceptable) 4951 TAMIAMI TRAIL N. #3 Suite, Apt. #, etc. #3 City NAPLES Zip Code FL 34103	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>Helena A. Dabrowski</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE 3/19/97	
10. Title MGR	Managing Members/Managers DABROWSKI, HELENA A. HENNING, CHRISTIAN F JR.	Business Street Address 4951 TAMIAMI TRAIL NORTH,	City, State and Zip Code NAPLES FL 000002122730--1 -03/24/97--01202--017 ****212.50 ****212.50 <i>[Signature]</i>
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Helena A. Dabrowski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date 3/19/97 Daytime Phone # (941) 434-9410	