

2000 UNIFORM BUSINESS REPORT (UBR)

0008801 AF

DOCUMENT # L96000000923

1. Entity Name
CONTINENTAL HEALTH CARE OF FT. MYERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business
4951 TAMiami TRAIL NORTH, SUITE 3
NAPLES FL 34103

Mailing Address
4951 TAMiami TRAIL NORTH, SUITE 3
NAPLES FL 34103-3067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0740220
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DABROWSKI, HELENA A
4951 TAMiami TRAIL NORTH
SUITE 3
NAPLES FL 34103

Name
DAVID C. BOURGEOIS

Street Address (P.O. Box Number is Not Acceptable)

2375 TAMiami TRAIL No., SUITE 308

City
NAPLES

FL

Zip Code
34103

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]*

6/22/00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME DABROWSKI, HELENA A
STREET ADDRESS 4951 TAMiami TRAIL NORTH, SUITE 3
CITY - ST - ZIP NAPLES FL 34103 ☒ Delete

TITLE MGR
NAME MICHNA, ANDREA
STREET ADDRESS 555 SKOKIE BLVD., SUITE 350
CITY - ST - ZIP NORTHBROOK, IL 60062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300003317119--1
-07/10/00--01011--005
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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]* ANDREA MICHNA 6/26/00 847-291-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)