2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90053 003 ****50.00

DOCUMENT # L9600000923 1. Entity Name CONTINENTAL HEALTH CARE OF FT. MYERS, L.C.						•	04-26-2004	4 90053	003 ****5	0.00
Principal Plac	ce of Business	Mailing Address	_	1						
	MI TRAIL NORTH, SUITE 3	•	4951 TAMIAMI TRAIL NORTH, SUITE 3			24054402				
				-			[]			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192004	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State				4. FEI Number 65-0740		,	<u> </u>	plied For t Applicable
Zip Country		Zip	Zip Count		5. Certifi		of Status Desired	· 🔲	\$5.00 Add Fee Required	
	6. Name and Address of Curre	nt Registered Agent				7. Name and	Address of New F	Registered	Agent	
5011505	111 DA1 (ID A		_	Name					_	
BOURGEAU, DAVID C 2375 TAMIAMI TRAIL NO., STE. 308 NAPLES, FL 34103				Street A	reet Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code	 .
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office o	r register	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE		ent and title if applicable. (NOTI	: Registere	d Agent signal	ure required	when reinstating)		DATE		·
e in the second			``				1 - ye		 	
FI D	iling Fee is \$50.00 ue by May 1, 2004	F7.0 13							ayable to ent of State	
Fi	ue by May 1, 2004	BERS/MANAGERS	10.					a Departm	ent of State	
9. TITLE	MANAGING MEM	BERS/MANAGERS Delete	10.	E	MGR		ADDITIONS	a Departm /CHANGES	ent of State	Addition
9. IIILE NAME	MANAGING MEM MGR MICHNA, ANDREA		10. TITL	E IE	MGR Tose	ph Rosin	ADDITIONS	a Departm /CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEM MGR MICHNA, ANDREA 555 SKOKIE BLVD., STE. 350		10. TITL NAM STRE	E IE CET ADDRESS	50se 555	skokie	ADDITIONS OLVA: #350	a Departin	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGR MICHNA, ANDREA	☑ Delete	10. TITL NAM STRE	E IE EET ADDRESS -ST-ZIP	50se 555	skokie	ADDITIONS	a Departin	Change	Addition
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

847-291-3700