2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003
Secretary of State

DOCUMENT# L96000000923

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

Current Principal Place of Business:

4951 TAMIAMI TRAIL NORTH, SUITE 3
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4951 TAMIAMI TRAIL NORTH, SUITE 3
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0740220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURGEAU, DAVID C
2375 TAMIAMI TRAIL NO., STE. 308
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MICHNA, ANDREA
Address: 555 SKOKIE BLVD., STE. 350
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: ANDREA MICHNA MGR 02/10/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date