200	I UNIFORM BUSI		-	UDN)	_			
1. Entity Nar	MENT # 4 9800	EU En						
CONTINENTAL HEALTH PROPERTIES					FILED			
OF FT. MYERS, LLC					01 JUN 28 AM 8: 47			
Principal Place of Business . Mailing Address 4951 TAMIAMI TRAIL N. SAME					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CHITE 103					LORIDA			
NAP	LES, FL 34103	}						
2. Principal Place of Business		3. Mailing Address			!			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For Not Applicable			
Zip , Country		Zip Coun		1	5. Certificate of Status Desired			
	6. Name and Address of Current F			Nome	7. Name and Addres	ss of New Registered A	gent	
DAVID C. BOURGEAU. Name								
3375 TAMIAMI TRAIL N. Street Address (P.O. Box Number is Not Acceptable) Suite 308								
				City		, FL	Zip Cod	e
NAPLES, FL 34/03 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.								
	,	in a purpose or strainging its re	-g/010100	omes arragion	orou agon, or bom, mane			
SIGNATURE	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE: I	Registered A	gent signature requir	ed when reinstating)	DATE		
		FILE NO	WIII FE	E IS \$50.00			-	
		Make Check Pay	able to	Department	A company of the comp	:		
9,	MANAGING MEMBE	RS/MEMBERS	10.	<u> Alexandres ()</u>		DDITIONS/CHANGES		
TITLE	MGR.	Delete Delete	TITLE	,			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH A. ROS	SIN #350	STREET A	ADDRESS 1-ZIP				Addition .
TITLE	Wexemake on, see	☐ Delete	TITLE				☐ Change	Addition
NAME Street address	1		NAME STREET	ADDRESS	000	onala 74	960	4
CITY-ST-ZIP				F-ZIP	00000447496U			
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TITLE : NAME:		Delete ** **	TITLE * **		na langara pagasa sa la	水型品 か 150g でんしょべか まがせる - こここ	Change	Addition
STREET-ADDRESS	" magnitude Maria - " "		STREET A	ADDRESS		- w		}
11. I hereby	certify that the information supplied with the control of the c	his filing does not qualify for the	ne exemp	t otion stated in S	Section 119.07(3)(i), Florid	a Statutes. I further certif	y that the ir	nformation
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 notice empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: JOSEPH A ROSIN 6/22/01								
J. J. 17.1	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR AU	THORIZED REPRES	ENTATIVE Date	Day	time Phone #	