

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000230

1. Entity Name

CONTINUUM CARE- PERSONAL CARE MANAGEMENT & CONSULTING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 PM 1:20

Principal Place of Business: ~~2449 CENTERVILLE RD. TALLAHASSEE FL 32308~~
Mailing Address: PO BOX 13237 TALLAHASSEE FL 32317

2. Principal Place of Business: 1026 E Park Ave
3. Mailing Address: Suite, Apt. #, etc.

City & State: Tallahassee FL
City & State: Zip: 32301 Country: Zip: Country:

4. FEI Number: 59-3695591 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: NELSON, TONI 2061 DELLWOOD DR. TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Toni Nelson*
Signature, typed or printed name of registered agent and title if applicable.

10-25-02
DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: President	<input type="checkbox"/> Delete
NAME: Tom Knox	
STREET ADDRESS: 1822 Chardonnay Pl.	
CITY-ST-ZIP: Tallahassee FL 32308	
TITLE: Pres	<input type="checkbox"/> Delete
NAME: Tom Knox	
STREET ADDRESS: 1822 Chardonnay Pl	
CITY-ST-ZIP: Tallahassee FL 32342	
TITLE: Pres	<input type="checkbox"/> Delete
NAME: Bryan Desloge	
STREET ADDRESS: 1213 Miccosukee Rd	
CITY-ST-ZIP: Tallahassee FL 32308	
TITLE: D	<input type="checkbox"/> Delete
NAME: Janice Rhoads	
STREET ADDRESS: 2639 N. Monroe St	
CITY-ST-ZIP: Tallahassee FL 32303	
TITLE: D	<input type="checkbox"/> Delete
NAME: Walter Forehand	
STREET ADDRESS: 125 S. Gadsden St	
CITY-ST-ZIP: Tallahassee FL 32301	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	500008829645
CITY-ST-ZIP:	11/06/02--01068--015 **175.00
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature Required)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-02 (850) 385-4300
Date Daytime Phone #

CR2E037 (4/02)