

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 07, 2004  
Secretary of State**

DOCUMENT# N01000000230

Entity Name: CONTINUUM CARE: PERSONAL CARE MANAGEMENT & CONSULTING,INC.

**Current Principal Place of Business:**

1026 E PARK AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

322 BEARD STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 13237  
TALLAHASSEE, FL 32317

**New Mailing Address:**

PO BOX 3006  
TALLAHASSEE, FL 32315

FEI Number: 59-3695591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, TONI  
2061 DELLWOOD DR.  
TALLAHASSEE, FL 32303 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KNOX, TOM  
Address: 1822 CHARDONNY PL  
City-St-Zip: TALLAHASSEE, FL 32342

Title: DTS ( ) Delete  
Name: DESLOGE, BRYAN  
Address: 1213 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: WISE, JANICE  
Address: 2639 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: FOREHAND, WALTER  
Address: 125 S. GADSDEN ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: NELSON, TONI  
Address: 2061 DELLWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI NELSON

D

07/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date