

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

DOCUMENT# N01000000230

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