

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90022 017 ****61.25

DOCUMENT # N02000004842

1. Entity Name

PET CONTINUING CARE HOME, INC.



Principal Place of Business

1509 RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

Mailing Address

1509 RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0645047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIETH, DAVID M ESQUIRE
101 E KENNEDY BLVD, STE 2430
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SCHLEDE, CAROLYN M.D.
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER FL 33573-6011

TITLE VD ☒ Delete
NAME ELLIOT, LESLIE D.V.M.
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER FL 33573-6011

TITLE TD ☐ Delete
NAME PARKER, BEVERLY
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER FL 33573-6011

TITLE SD ☒ Delete
NAME HITE, BONNIE
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER FL 33573-6011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/S/D ☐ Change ☐ Addition
NAME Schlede, Carolyn M.D.
STREET ADDRESS P.O. Box 6011
CITY-ST-ZIP Sun City Center, FL 33573-6011

TITLE VD ☒ Change ☐ Addition
NAME Encinosa, Bob D.V.M.
STREET ADDRESS P.O. Box 6011
CITY-ST-ZIP Sun City Center, FL 33573-6011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Carolyn Schlede, MD* Carolyn Schlede, MD 1/30/04 (813) 205-6551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #