

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004842

1. Entity Name

PET CONTINUING CARE HOME, INC.

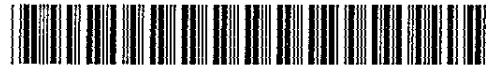


Principal Place of Business

1509 RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

Mailing Address

1509 RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573



02022006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME SCHLEDE, CAROLYN M.D.
STREET ADDRESS P.O BOX 6011
CITY-ST-ZIP SUN CITY CENTER, FL 335736011

TITLE VD
NAME ENCINOSA, BOB DVM
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER, FL 335736011

TITLE TD
NAME PARKER, BEVERLY
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER, FL 335736011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000549864
05/13/06-80037-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Carolyn Schleder Carolyn Schleder 4/23/06 (813) 205-6551