

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 017 ****61.25

DOCUMENT # N02000004842

1. Entity Name

PET CONTINUING CARE HOME, INC.



Principal Place of Business

Mailing Address

1509 RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

1509 RICKENBACKER DRIVE
SUN CITY CENTER FL 33573



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

Rieth, David M. Esquire

Street Address (P.O. Box Number is Not Acceptable)

1009 West Cleveland Street

City

Tampa

FL

Zip Code

33606-1913

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PSD ☐ Change ☒ Addition
NAME Encinosa, Bob D.V.M.
STREET ADDRESS 10931 Boyette Road
CITY-ST-ZIP Riverview, FL 33569

TITLE VD ☒ Delete
NAME ENCINOSA, BOB DVM
STREET ADDRESS P.O. BOX 6011
CITY-ST-ZIP SUN CITY CENTER FL 33573-6011

TITLE VD ☐ Change ☒ Addition
NAME Faircloth, Spencer
STREET ADDRESS 1525 Rickenbacker Drive (Mail: FL-SUN CITY-0785)
CITY-ST-ZIP Sun City Center, FL 33573

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

TITLE TD ☒ Change ☐ Addition
NAME Parker, Beverly
STREET ADDRESS P.O. Box 5231
CITY-ST-ZIP Sun City Center, FL 33571-5231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemptions contained in Section 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]

12/26/07