

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90138 039 ****61.25

UBR 2003

DOCUMENT # N02000004842

1. Entity Name
PET CONTINUING CARE HOME, INC.



Principal Place of Business: **PO BOX 926 RUSKIN FL 33570**
Mailing Address: **PO BOX 926 RUSKIN FL 33570**

2. Principal Place of Business: **P.O. Box 6011**
3. Mailing Address: **P.O. Box 6011**
Suite, Apt. #, etc.

City & State: **Sun City Center, FL**
City & State: **Sun City Center, FL**
Zip: **33573-6011** Country

4. FEI Number: **02-0645047**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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: D <input type="checkbox"/> Delete	NAME: SCHLEDE, CAROLYN M.D.
STREET ADDRESS: PO BOX 926	CITY-ST-ZIP: RUSKIN FL 33570
TITLE: D <input type="checkbox"/> Delete	NAME: ELLIOT, LESLIE D.V.M.
STREET ADDRESS: PO BOX 926	CITY-ST-ZIP: RUSKIN FL 33570
TITLE: D <input type="checkbox"/> Delete	NAME: PARKER, BEVERLY
STREET ADDRESS: PO BOX 926	CITY-ST-ZIP: RUSKIN FL 33570
TITLE: D <input type="checkbox"/> Delete	NAME: HITE, BONNIE
STREET ADDRESS: PO BOX 926	CITY-ST-ZIP: RUSKIN FL 33570
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

TITLE: P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Schlede, Carolyn M.D.
STREET ADDRESS: P.O. Box 6011	CITY-ST-ZIP: Sun City Center, FL 33573-6011
TITLE: V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Elliot, Leslie D.V.M.
STREET ADDRESS: P.O. Box 6011	CITY-ST-ZIP: Sun City Center, FL 33573-6011
TITLE: T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Parker, Beverly
STREET ADDRESS: P.O. Box 6011	CITY-ST-ZIP: Sun City Center, FL 33573-6011
TITLE: S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Hite, Bonnie
STREET ADDRESS: P.O. Box 6011	CITY-ST-ZIP: Sun City Center, FL 33573-6011
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 President 7/21/03* (813) 205-6551

CR2E037 (4/03)