

**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.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Sun City Center, FL

City & State
Sun City Center, FL

4. FEI Number
02-0645047

Applied For
 Not Applicable

Zip
33573-6011

Country

Zip
33573-6011

Country

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
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** Delete
NAME: **SCHLEDE, CAROLYN M.D.**
STREET ADDRESS: **PO BOX 926**
CITY-ST-ZIP: **RUSKIN FL 33570**

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

TITLE: **D** Delete
NAME: **ELLIOT, LESLIE D.V.M.**
STREET ADDRESS: **PO BOX 926**
CITY-ST-ZIP: **RUSKIN FL 33570**

TITLE: **V/D** Change Addition
NAME: **Elliot, Leslie D.V.M.**
STREET ADDRESS: **P.O. Box 6011**
CITY-ST-ZIP: **Sun City Center, FL 33573-6011**

TITLE: **D** Delete
NAME: **PARKER, BEVERLY**
STREET ADDRESS: **PO BOX 926**
CITY-ST-ZIP: **RUSKIN FL 33570**

TITLE: **T/D** Change Addition
NAME: **Parker, Beverly**
STREET ADDRESS: **P.O. Box 6011**
CITY-ST-ZIP: **Sun City Center, FL 33573-6011**

TITLE: **D** Delete
NAME: **HITE, BONNIE**
STREET ADDRESS: **PO BOX 926**
CITY-ST-ZIP: **RUSKIN FL 33570**

TITLE: **S/D** Change Addition
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: 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 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)