

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N97000001224 (1)**

1. Corporation Name

**CONTINUING CARE, INC.**



|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1348 COTTONWOOD TRAIL<br/>SARASOTA FL 34232-3437</b> | Mailing Address<br><b>1348 COTTONWOOD TRAIL<br/>SARASOTA FL 34232-3437</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                                        |
|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/04/1997</b> |
|--------------------------------------------------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1943479</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                                                                                                                                          |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>3600 Wm Penn Way</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>Venice FL</b><br>Zip<br>24 <b>34293</b> Country<br>25 <b>SARASOTA</b> | 2a. Mailing Address<br>26 <b>3600 Wm Penn Way</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Venice FL</b><br>Zip<br>29 <b>34293</b> Country<br>30 <b>SARASOTA</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--------------------------------------------------------------------------------------------------------------------|

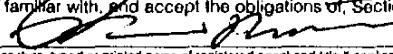
|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                  |
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| 9. Name and Address of Current Registered Agent<br><b>MARTIN, WILLIAM R<br/>1348 COTTONWOOD TRAIL<br/>SARASOTA FL 34232-3437</b> |
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|                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3600 WILLIAM PENN WAY</b><br>83<br>84 City <b>Venice</b> <b>FL</b> 85 Zip Code <b>34293</b> |
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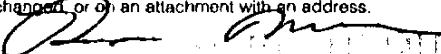
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **3/5/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>DC<br/>MARTIN, WILLIAM R</b> |
| STREET ADDRESS             | <b>1348 COTTONWOOD TRAIL</b>    |
| CITY-ST-ZIP                | <b>SARASOTA FL 34232-3427</b>   |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>DVC<br/>HALIMAN, HERBERT</b> |
| STREET ADDRESS             | <b>945 JOLANDA CIRCLE</b>       |
| CITY-ST-ZIP                | <b>VENICE FL 34292</b>          |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>STD<br/>LEROY, GEORGE R</b>  |
| STREET ADDRESS             | <b>458 LAKE OF THE WOODS DR</b> |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>          |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                              |
| 1.3 STREET ADDRESS                                    | <b>3600 Wm Penn Way</b>                                                      |
| 1.4 CITY-ST-ZIP                                       | <b>VENICE FL 34293</b>                                                       |
| 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                              |
| 2.3 STREET ADDRESS                                    | <b>3600 Wm Penn Way</b>                                                      |
| 2.4 CITY-ST-ZIP                                       | <b>VENICE FL 34293</b>                                                       |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                                                              |
| 3.3 STREET ADDRESS                                    | <b>3600 Wm Penn Way</b>                                                      |
| 3.4 CITY-ST-ZIP                                       | <b>VENICE FL 34293</b>                                                       |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>WOODWARD, AMERICUS</b>                                                    |
| 4.3 STREET ADDRESS                                    | <b>3600 WILLIAM PENN WAY</b>                                                 |
| 4.4 CITY-ST-ZIP                                       | <b>VENICE FL 34293</b>                                                       |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                                                                              |
| 5.3 STREET ADDRESS                                    |                                                                              |
| 5.4 CITY-ST-ZIP                                       |                                                                              |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                                                              |
| 6.3 STREET ADDRESS                                    |                                                                              |
| 6.4 CITY-ST-ZIP                                       |                                                                              |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **3/5/98** **941 491 5535**  
Signature and typed or printed name of signing officer or director

CP2E037 (10/97)