FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

GIVATURE REQUIRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2001 8:00 am § Secretary of State DOCUMENT # N9700001224 05-04-2001 90009 002 ****61.25 CONTINUING CARE, INC. Principal Place of Business Mailing Address 3650 CADBURY CIRCLE 3650 CADBURY CIRCLE VENICE FL 34293 VENICE FL 34293 HS 2. Principal Place of Business 3. Mailing Address BROWD WAG DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1943479 GLEWOLD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 454 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN WILLIAM Street Address (P.Q. Box Number is Not Acceptable) MARTIN, WILLIAM R BROADWAY 3650 CADBURY CIRCLE VENICE FL 34293 ENGLEWOOD 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CD ☐ Addition ☐ Delete TITLE Change TITLE CD MARTIN, WILLIAM R NAME NAME 121 BROADWAY STREET ADDRESS 3650-CADBURY-CIRCLE STREET ADDRESS 7 CALARD CITY-ST-ZIP VENICE FL-34293 CITY-ST-7IP ENGLEWOOD 34223 Change TITLE ☐ Delete TITLE ☐ Addition LONG MARTIN MARTIN-LANG, ALICE NAME NAME TERRACE BRUNDWAY 3652 CADBURY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIE ENGLE U.UD VCD - Delete TITLE TITLE MARY BUTE 1-23 TAMIAMI 💢 Change ☐ Addition BOYD, MARY REV NAME NAME 101 W. VONICA., SUITE 1 31-1-1-33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE Delete Change Addition ROOT, WAYNE REV NAME NAME STREET ADDRESS 709 GRANITE ROAD MECHANISVILLE RO STREET ADDRESS CITY-ST-7IF CITY-ST-7IP **BRANDON FL 33509** 4060 TIMBERVICES Delete TITLE TITLE ☐ Addition HARGAS, HENRY NAME NAME JOHN LONG STREET ADDRESS 104 MONET DRIVE STREET ADDRESS 417 RIOGENIEW DR CITY-ST-7IP NOKOMIS FL 34275 CITY-ST-ZIP BLACKSBURG VA TITLE ☐ Delete TITLE 🗷 Change ☐ Addition BRADLEY, ANN NAME NAME 2 PARKSIDE GARDENS, 92 DIPDALE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MALVERN NATAL SOUTH AFRICA CITY-ST-ZIP 12. Thereby 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