## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001224

Entity Name: CONTINUING CARE, INC.

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1662 QUAIL LAKE DRIVE VENICE, FL 34293 **Current Mailing Address: New Mailing Address:** 1662 QUAIL LAKE DRIVE VENICE, FL 34293 FEI Number: 59-1943479 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, WILLIAM R 1662 QUAIL LAKE DRIVE VENICE, FL 34293 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MARTIN, WILLIAM R MARTIN, WILLIAM R Name: Name: 1662 QUAIL LAKE DRIVE Address: 1662 QUAIL LAKE DRIVE Address: City-St-Zip: VENICE, FL 34293 US City-St-Zip: VENICE, FL 34293 US Title: Title: (X) Change ( ) Addition () Delete LONG, JOE K Name: MARTINSON, CHERRI Name: Address: 1662 QUAIL LAKE DRIVE Address: 1662 QUAIL LAKE DRIVE City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: CH D (X) Change ( ) Addition MARTINSON, RANDY MARTINSON, RANDY Name: Name: 1662 QUAIL LAKE DRIVE Address: Address: 1662 QUAIL LAKE DRIVE City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 (X) Change ( ) Addition Title: ( ) Delete Title: VCH CONLYN, ANDREW Name: Name: THOMPSON, MICHAEL J 1662 QUAIL LAKE DRIVE Address: Address: 1662 QUAIL LAKE DRIVE City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: () Change () Addition MARTIN, ALICE Name: Name: 1662 QUAIL LAKE DRIVE Address: Address: City-St-Zip: VENICE, FL 34669 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition STOCKDALE, PHIL Name: Name: Address: Address: 1662 QUAIL LAKE DRIVE VENICE, FL 34293 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MARTIN T 04/29/2008