

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001224

FILED
Mar 15, 2009
Secretary of State

Entity Name: CONTINUING CARE, INC.

Current Principal Place of Business:

1662 QUAIL LAKE DRIVE
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1662 QUAIL LAKE DRIVE
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-1943479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, WILLIAM R
1662 QUAIL LAKE DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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:

Title: TRD () Delete
Name: MARTIN, WILLIAM R
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293 US

Title: D () Delete
Name: MARTINSON, CHERRI
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293

Title: CH D () Delete
Name: MARTINSON, RANDY
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293

Title: VCH () Delete
Name: THOMPSON, MICHAEL J
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: MARTIN, ALICE
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34669

Title: D (X) Delete
Name: STOCKDALE, PHIL
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

RA D

03/15/2009

Electronic Signature of Signing Officer or Director

Date