2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# N97000001224

Entity Name: CONTINUING CARE, INC.

Current Principal Place of Business:

1662 QUAIL LAKE DRIVE
VENICE, FL 34293 US

New Principal Place of Business:

2564 N SUIRREL ROAD, PMB#180
AUBURN HILLS, MI 48326 US

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: SD
Name: MARTIN, WILLIAM R
Address: 2564 N SQUIRREL ROAD, PMB#180
City-St-Zip: AUBURN HILLS, MI 48326 US

Title: D
Name: MARTINSON, CHERRI
Address: 2564 N SQUIRREL ROAD, PMB#180
City-St-Zip: AUBURN HILLS, MI 48326

Title: D
Name: MARTINSON, RANDY
Address: 2564 N SQUIRREL ROAD, PMB#180
City-St-Zip: AUBURN HILLS, MI 48326

Title: VCH
Name: THOMPSON, MICHAEL J
Address: 2564 N SQUIRREL ROAD, PMB#180
City-St-Zip: AUBURN HILLS, MI 49326

Title: D
Name: MARTIN, ALICE
Address: 2564 N SQUIRREL ROAD, PMB#180
City-St-Zip: AUBURN HILLS, MI 48326

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. MARTIN RA 02/22/2010
Electronic Signature of Signing Officer or Director Date