


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91018 023 ***150.00

DOCUMENT # P02000132508
 1. Entity Name
 CONTINUOUS CARE HEALTH SERVICES CORP



Principal Place of Business 7200 LAKE ELLENOR DR 240 ORLANDO, FL 32809	Mailing Address 7200 LAKE ELLENOR DR 240 ORLANDO, FL 32809
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94081570



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0494126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOSHOP, LEOTHA
 7028 HENNEPIN BLVD
 ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCIS, KAREEN
STREET ADDRESS	253 GRAND RESERVE DR
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VP
NAME	GOSHOP, LEOTHA
STREET ADDRESS	7028 HENNEPIN BLVD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VP
NAME	FRANCIS, JOY
STREET ADDRESS	253 GRAND RESERVE DR
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	CEO
NAME	Francis, Kareen
STREET ADDRESS	253 Grand Reserve Dr
CITY-ST-ZIP	Davenport FL 33837
TITLE	Chief Financial Officer
NAME	Leottha Goshop
STREET ADDRESS	7028 Hennepin Blv
CITY-ST-ZIP	Orlando FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4.19.04 407-856-8075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #