

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132508

FILED
Apr 28, 2005
Secretary of State

Entity Name: CONTINUOUS CARE HEALTH SERVICES CORP

Current Principal Place of Business:

7200 LAKE ELLENOR DR
240
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7200 LAKE ELLENOR DR
240
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 45-0494126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSHOP, LEOTHA
7028 HENNEPIN BLVD
ORLANDO, FL 32818 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: FRANCIS, KAREEN
Address: 253 GRAND RESERVE DR
City-St-Zip: DAVENPORT, FL 33837

Title: VP () Delete
Name: GOSHOP, LEOTHA
Address: 7028 HENNEPIN BLVD
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: FRANCIS, JOY
Address: 253 GRAND RESERVE DR
City-St-Zip: DAVENPORT, FL 33837

Title: CFO () Delete
Name: GOSHOP, LEOTHA
Address: 7028 HENNEPIN BLVD
City-St-Zip: ORLANDO, FL 32818

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOTHA GOSHOP

VP

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date