

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000132508

**FILED  
Apr 15, 2008  
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  
7200 LAKE ELLENOR DR  
240  
ORLANDO, FL 32809 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: CEO ( ) Delete  
Name: FRANCIS, KAREEN  
Address: 7200 LAKE ELLENOR DR SUITE # 240  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: GOSHOP, LEOTHA  
Address: 7200 LAKE ELLENOR DR SUITE # 240  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: FRANCIS, JOY  
Address: 7200 LAKE ELLENOR DR SUITE # 240  
City-St-Zip: ORLANDO, FL 32809

**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:

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 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

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date