

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 21, 2011  
Secretary of State**

DOCUMENT# P02000132508

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:**

KAREEN, FRANCIS  
7200 LAKE ELLENOR DR  
240  
ORLANDO, FL 32809 US

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: KAREEN FRANCIS      06/21/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FRANCIS, KAREEN  
Address: 7200 LAKE ELLENOR DR SUITE # 240  
City-St-Zip: ORLANDO, FL 32809

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREEN FRANCIS      CEO      06/21/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date