## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED** Feb 24, 2003 8:00 am Secretary of State
02-10-2003 90437 026 \*\*\*158.75

1. Entity Na	JMENI # P02000] TINUOUS CARE HEA		CORP			<b>១</b> ០(	0103{	35		
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Lak.	e Mary Fl	Lake Mar	4 F1		4. FEI Num	45-0494	126	<del> </del>	Applied For lot Applicable	
327	4-6 Country USA	32746	Country	9	5. Certifica	ite of Status Desired	X	\$8.75 Ad	ditional	
n magazine in ing Santak	The same of the sa		NA CONTRACTOR		r. Name and	Address of Current	Registere	Fee Require	ad	
ner Er	TO THE PERSON		Name	Ma	210+	a ac a		TUBBUK "		
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8. The above	named entity submits this statement for	the purpose of changing its	200	KIDO	imnie			349	158 <u> </u>	
the obliga	named entity submits this statement for t tions of registered agent.	me porpose or changing its r	өдізіегесі опісе	or registere	d agent, or b	olh, in the State of Flo	rida. I am ta	amiliar with, a	and accept	
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SIGNATURÈ	Signature, typed or printed flame of registered agent and	KAREEN FR	Registered Agent sign	C€:	0		1-16	<u>-03</u>	,	
Ja	nuary 1 - May 1 Fee la \$150.00		- Constant Agent act	remis recond w	nen reinstaung)		DATE			
	After May 1 Fee is \$550.00 Amended UBR is \$61.25				9. EI	ection Campaign Fina	ancing	\$5.0	O May Be	
Make Check	Payable to Florida Department of S	tate			Tr	ust Fund Contribution	. 🗆		to Fees	
10. 1	OFFICERS AND DI	RECTORS	N. C.	63at3964				reverse e	4.30 CONNECTOR	
TITLE	CHIEF EXECUTIVE	DFFICER	ME							
name Street address	KAREEN FRANCIS	TRIVE	NAME						(1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	
CITY+ST-ZIP	253 GRAND RESERVE	4	STREET ADDRESS							
TITLE	DAVENPORT FC 3383 PRESIDENT	-	CITY ST. 71P				need ye		Section 1	
NAME			TILE S							
STREET ADDRESS	Joy G. FRANCIS 253 GRAND RESERVE	5 DR	NAME STREET ADDRESS		# 70 . s.			SILL CO	120	
CITY-ST-ZIP	DAVENPORT F/ 3383	37	City St. ZIP		40.4		Ever or broom			
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TREET ADDRESS			NAME					447		
CITY-ST-ZIP		*.	*STREET ADDRESS		- n	O NOT V	A/DIT	re:		
TLE			CUY-ST-ZIP-		NOTE OF COMME	AND COUNTY OF STREET	Charles Victoria	Arter Mark Tarket		
AME			NAME:		*** IA	l'THIS.S	DAC	F		
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TREET ADORESS			STREET ADDRESS						PARTY AND	
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ILE AME			ATTLE COMMENTS	4 44 44			And and	STATE OF THE		
REET ADDRESS			NAME STREET ADDRESS	7 01 -	n is in the second	atamire a	Services	1	Seg.	
TY-ST-ZIP		I	CITY ST. ZIP.				ne de la companya de	· ·		
2. I hereby ce indicated or of the corpo	rtify that the information supplied with this in this report or supplemental report is true pration or the receiver or trustee empower	filing does not qualify for the	exemption stati ignature shall h	ted in Section	n 119.07(3)(i) e legal effect	), Florida Statutes. I fu as if made under oath	rther certify n; that I am	that the info	rmation	

by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empower

SIGNATURE: