

02-10-2003 90437 026 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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



00010385

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 International Pkwy
 Suite, Apt. #, etc.
5th floor
 City & State
Lake Mary FL

3. Mailing Address
801 International Pkwy
 Suite, Apt. #, etc.
5th Floor
 City & State
Lake Mary FL

4. FEI Number
45-0494126

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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Applied For
 Not Applicable

7. Name and Address of Current Registered Agent
 Name
Margaret Fisher
 Street Address (P.O. Box Number is Not Acceptable)
1092 Dudley dr
 City
Kissimmee FL Zip Code
34758

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 Karen Francis KAREEN FRANCIS CEO 1-16-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$500.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>CHIEF EXECUTIVE OFFICER</u> <u>KAREEN FRANCIS</u> <u>253 GRAND RESERVE DRIVE</u> <u>DAVENPORT FL 33837</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <u>Joy G. FRANCIS</u> <u>253 GRAND RESERVE DR</u> <u>DAVENPORT FL 33837</u> |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Francis KAREEN FRANCIS 1-16-03 863 4207815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)