

7003


Amended

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 20 AM 8:00

DOCUMENT # P02000132508
 1. Entity Name
 Continuous Care Health Services Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7200 Lake Ellenor Dr
 Suite, Apt. #, etc. 240
 City & State Orlando
 Zip FL Country USA

3. Mailing Address
 Same
 Suite, Apt. #, etc.
 City & State
 Zip 32809 Country

DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number 45-0494126 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name Leatha - Goshop
 Street Address (P.O. Box Number is Not Acceptable) 7028 Hennepin Blvd
 City Orlando FL Zip Code 32818

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 Goshop DATE 8.18.03
(NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kareen Francis 253 Grand Reserve Dr Davenport FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Leatha Goshop 7028 Hennepin Blvd Orlando FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022451972 08/20/03--01074--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joy Francis 253 Grand Reserve Dr Davenport FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hugh Goshop 7028 Hennepin Blvd Orlando FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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: Goshop DATE 8.18.03 DAYTIME PHONE # 407-856-8075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR