


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90224 028 \*\*\*150.00

<b>DOCUMENT # P03000094041</b> 1. Entity Name <b>CONTINENTAL HEALTH NETWORK, INC.</b>					
Principal Place of Business <b>999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134</b>			Mailing Address <b>999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>8386 SW. 40th ST.</b> Suite, Apt. #, etc.			3. Mailing Address <b>8386 SW 40 ST.</b> Suite, Apt. #, etc.		
City & State <b>MIAMI, FL</b>			City & State <b>MIAMI, FL</b>		
Zip <b>33165</b>		Country <b>U.S.A.</b>		4. FEI Number <b>20-0190727</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VELIZ, ANA M 999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SANZ, ELIZABETH 691 SW 123RD COURT MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS SANZ, ELIZABETH 691 SW 123rd CT MIAMI, FL 33184</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP T DE LAMAR, LUIS 3908 Ponce de Leon Blvd. CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>4/22/04</b> (776) 210-6027		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94074162



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