

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90216 020 ***158.75

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P03000103891 1. Entity Name CONTINUCARE HOME HEALTH OF PALM BEACH, INC. | | | | | |
| Principal Place of Business 80 SW 8TH ST STE 2350 MIAMI, FL 33130 | | | Mailing Address 80 SW 8TH ST STE 2350 MIAMI, FL 33130 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 ANGEL, SPENCER J % 80 SW 8TH ST STE 2350 MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | See attached. <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOLT, JANET J % 80 SW 8TH ST STE 2350 MIAMI, FL 33130 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Karen A. Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/26/04 305-350-7515 <small>Date Daytime Phone #</small> | | |

66422889



04132004 Chg-P CR2E034 (10/03)

4. FEI Number **90-0110292** Applied For
Not Applicable

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

Attachment

66422889
P03000103891

Additions/Changes to Officers and Directors in 11.

| | | | |
|----------------|--|--|--|
| Title | P/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Richard C. Pfenniger, Jr. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Patrick M. Healy | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Luis H. Izquierdo | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | T/S | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| Name | Janet L. Holt | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V/S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Karen A. Smith | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Phillip Frost, M. D. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Jacob Nudel, M. D. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Robert Cresci | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Neil Flanzraich | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Marvin Strait | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |