

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078379

FILED
Jan 12, 2007
Secretary of State

Entity Name: CONTINENTAL MEDICAL CORPORATION

Current Principal Place of Business:

7928 WEST DRIVE, APT 801
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

P O BOX 0587
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

7928 WEST DRIVE, APT 801
NORTH BAY VILLAGE, FL 33141

FEI Number: 73-1704222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMA, FERNANDO MD
7928 WEST DRIVE APT 801
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALMA, FERNANDO MD
Address: 7928 WEST DRIVE #801 NORTH BAY VILLAGE
City-St-Zip: MIAMI, FL 33141

Title: VP () Delete
Name: LEE, YOLANDA P
Address: 7928 WEST DRIVE #801 NORTH BAY VILLAGE
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO PALMA

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date