## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 17, 2008 8:00 am Secretary of State

						. –		<i>J</i>		
DOCUMENT # P06000105508  1. Entity Name CONTINUCARE CLINICS, INC.				06-17-2008 90001 004 ****						0.00
Principal Place of Business Mailing Address										
			NTER DRIVE SUITE 600				11/2 8/(1) 8 P)   FB)(L 2	LEITI MENI EDIEJ EM	(2) 51111 FB(2) (1	#118## 11 1 <b>8#</b> 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				06062008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State				4. FEI Number Applied For 20-5398379 Not Applicable				
Zip	Country	Žip	Country				f Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New	Registered A	gent	
CORPORATE CREATIONS NETWORK, INC.				Name						
11380 PR	OSPERITY FARMS RD #221E ACH GARDENS, FL 33410	ING.	Street Address (P.O. Box Number is Not Acceptable)							
			ļ	City						
								FL	Zip Cod	
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										
Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFENNIGER, RICHARD C JR 7200 CORPORATE CENTER DR MIAMI, FL 33126	☐ Delete		I '	CEO				(X) Change	Addition
TITLE	D	☐ Detete	TITLE	\ \	/				(X Change	Addition
NAME	ROSELLO, GEMRA		NAME	·  -	720	o corpo	rate co	- Mex s		Into
STREET ADDRESS CITY-ST-ZIP	6640 SW 129 TR MIAMI, FL 33156			ET ADDRESS - - ST-ZIP J	Mia	ımi i F	L 33	1710		u w
TITLE	D	☐ Delete	TITLE		FO	<u> </u>			Change	☐ Addition
NAME	FERNANDEZ, FERNANDO		NAME	<b> </b>	770	o corp	whe (	cote	CDP.	#100
STREET ADDRESS CITY-ST-ZIP	540 TIVOLI AVENUE CORAL GABLES, FL 33143			ET ADDRESS - ST- ZIP	mi	ami.	FL 37	5120	<i>U</i>	
TITLE	D	☐ Delete	TITLE	: \\	F	7			Change	☐ Addition
NAME STREET ADDRESS	IZQUIERDO, LUIS   7200 CORPORATE CENTER DR	IIVE	NAME							
CITY-ST-ZIP	MIAMI, FL 33126	II VIE		ET ADDRESS - ST - ZIP						
TITLE	D	☐ Delete	TITLE	V	7	12.	عامام م		Change	Addition
NAME	WILKER, MELISSA	_	NAME		Mel	155a B	LKIIW	V I	•	
STREET ADDRESS CITY-ST-ZIP	72000 CORPORATE CENTER D MIAMI, FL 33126	к		ET ADDRESS -ST-ZIP						.
TITLE		Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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: MULLISSA BUCK PAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/08 305500-2007