

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105508

Entity Name: CONTINUCARE CLINICS, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

7200 CORPORATE CENTER DRIVE SUITE 600
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7200 CORPORATE CENTER DRIVE SUITE 600
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-5398379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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: CEO () Delete
Name: PFENNIGER, RICHARD C JR
Address: 7200 CORPORATE CENTER DRIVE SUITE 600
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: ROSELLO, GEMRA
Address: 7200 CORPORATE CENTER DR #600
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: FERNANDEZ, FERNANDO
Address: 7200 CORPORATE CENTER DR #600
City-St-Zip: CORAL GABLES, FL 33143

Title: V () Delete
Name: IZQUIERDO, LUIS
Address: 7200 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: BECKHAM, MELISSA
Address: 72000 CORPORATE CENTER DR
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 FERNANDEZ

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

Date