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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 16 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36500** (7)

1. Corporation Name
CONTINUUM CARE CORPORATION

Principal Place of Business	Mailing Address
2401 PGA BOULEVARD SUITE 238 PALM BEACH GARDENS FL 33410 US	2401 PGA BOULEVARD SUITE 238 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1991
3a. Date of Last Report: 02/28/1994
4. FEI Number: 58-1865045 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2401 PGA Blvd.	26 2401 PGA BLVD
22 Suite 146	27 Suite 146
23 Palm Beach Gardens, FL	28 Palm Beach Gardens, FL
24 Zip 33410 / 25 Country	29 Zip 33410 / 30 Country

9. Name and Address of Current Registered Agent

FAGO, ELIZABETH
2401 PGA BOULEVARD
SUITE 238
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2401 PGA BLVD
83 SUITE 146
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	FAGO, ELIZABETH	1.2 NAME	
STREET ADDRESS	2401 PGA BLVD, STE. 238	1.3 STREET ADDRESS	2401 PGA BLVD. STE. 146
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	STEVENS, W. JAMES	2.2 NAME	
STREET ADDRESS	2401 PGA BLVD, STE. 238	2.3 STREET ADDRESS	2401 PGA BLVD. STE. 146
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	VARNES, COLIN K	3.2 NAME	
STREET ADDRESS	2401 PGA BLVD, STE. 238	3.3 STREET ADDRESS	2401 PGA BLVD. STE. 146
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700001433107
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/17/95--01061--040
TITLE		5.1 TITLE	*****70.00 ☐ Change 70.00 ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	3-16-95 MB
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ Colin K. Varnes 2.27.95 407-641-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048366