NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-10-2002 90009 041 ****61.25

DOCUMENT # P36502

1. Entity Name

Continuum Care Corporation (NC) (LM) ✓

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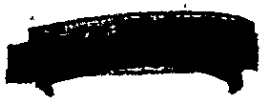

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2. Principal Place of Business	3. Mailing Address
2401 PGA Blvd.	
Suite, Apt. #, etc. S-146	Suite, Apt. #, etc.
City & State Palm Bch. Gardens, FL	City & State
Zip 33410 Country USA	Zip Country

4. FEI Number 58-1865045 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE _____ DATE

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Metz, John 2401 PGA Blvd., S-146 Palm Bch. Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cassaro, Marie 2401 PGA Blvd, S-146 Palm Bch Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Dodson, David 2401 PGA Blvd. S-146 Palm Bch. Gardens, FL 33410
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all like em

SIGNATURE: X Marie Cassaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 Date

561-627-0664 Daytime Phone #