

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36500

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CONTINUUM CARE CORPORATION

**Current Principal Place of Business:**

1750 NORTH FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 NORTH FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 58-1865045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: METZ, JOHN  
Address: 1750 NORTH FLORIDA MANGO ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S (X) Delete  
Name: CASSARO, MARIE  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T (X) Delete  
Name: DODSON, DAVID  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN METZ

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04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date