2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003
Secretary of State

DOCUMENT# P36500

Entity Name: CONTINUUM CARE CORPORATION

Current Principal Place of Business:

2401 PGA BLVD
SUITE 146
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

2401 PGA BLVD
SUITE 155
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

2401 PGA BLVD
SUITE 146
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

2401 PGA BLVD
SUITE 155
PALM BEACH GARDENS, FL 33410 US

FEI Number: 58-1865045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ADAMS, SANDRA L
2401 PGA BOULEVARD, SUITE #155
PALM BEACH GARDENS, FL 33410 US

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: SANDRA L. ADAMS 02/18/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: METZ, JOHN
Address: 2401 PGA BLVD, S-146
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete
Name: CUSSARO, MARIE
Address: 2401 PGA BLVD S-146
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T ( ) Delete
Name: DODSON, DAVID
Address: 2401 PGA BLVD, S-146
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: MARIE CUSSARO S 02/18/2003
Electronic Signature of Signing Officer or Director Date