

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

95 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079372 (6)

1. Corporation Name

CONTINUUM HEALTHCARE ASSOCIATES, INC.

Principal Place of Business

4675 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE FL 33308

Mailing Address

4675 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

2. Principal Place

21

Suite, Apt. #.

22

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, ARTHUR R
4675 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Tony Gandia

9665 NW 63 Place

Parkland, FL 33076

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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GANDIA, TONY
STREET ADDRESS 4675 N FEDERAL HIGHWAY, 7TH FLOOR
CITY - ST - ZIP FORT LAUDERDALE FL 33308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

CONTINUUM HEALTHCARE ASSOC.
4691 N. UNIVERSITY DRIVE
SUITE 455
CORAL SPRINGS, FL. 33065

TITLE VSTD
NAME NODIFF, BARBARA
STREET ADDRESS 4675 N FEDERAL HIGHWAY, 7TH FLOOR
CITY - ST - ZIP FORT LAUDERDALE FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95

305-344-1414

(Date)

(Telephone Number)