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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000036199 (4)

CONTINENTAL HEALTH CARE PROPERTIES, INC.

FILED
Apr 25 1997 8:00am
Secretary of State

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13		4951 TAMIAMI TRAIL I	<b>VORTH</b>		
IAPLES FL 33940		#3 NAPLES FL 34103-306	7		
				<ol> <li>Date Incorporated or Qualified 05/04/1995</li> </ol>	3a. Date of Last Report 07/29/1996
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		APPLIED FOR 59-3	
Suite, Apt. #, etc.		Suite, Apt #, etc	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del></del>	• Floring Committee Financia	
		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Žip	Country	8. This corporation has liability for	
25		29	30		☐ Yes · X No
9. Name and	Address of Current I	Registered Agent		10. Name and Address of New Re	egistered Agent
HENNING, CHRISTI	AN F JR.		81 Name		
4951 TAMIAMI TRA	il north		82 Street	Address (P.O. Box Number is Not Accepta	ble)
<b>#</b> 3			20		
NAPLES FL 33940			83		
			84 City		FL 85 Zip Code
A Discount to the provinces	of Cooliese CO2 0000	and 607 1500 Florida C	totulos, the above pages	Learnaration submits this statement for the	
office or registered agent,	or both, in the State of	Florida, Such change	was authorized by the co	d corporation submits this statement for the poration's board of directors. I horeby acce	pt the appointment as registered
<b>agent</b> . I am familiar with, a	ind accept the obligation	ons of, Section 607.050	5, Florida Statutes.		
IGNATURE Signature, typed or pre	nted name of registered agont a	and tele if applicable	(NOTL Fregistered Agent signatur	e regured when reinstaling)	DATE
2.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFI	
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AME ROSIN, JOSE			1.2 NAME		
	ami trail north (	<b>#</b> 3	1.3 STREET ADDRESS	555 SKOKIE B NORTHBROOK,	WD. 57E.350
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		W.	2.2 NAME		
	AMI TRAIL NORTH	<b>#</b> 3	2.3 STREET ADDRESS		
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