

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 020 ***150.00

DOCUMENT # P95000036199

1. Entity Name
CONTINENTAL HEALTH CARE PROPERTIES, INC.



Principal Place of Business
**4951 TAMiami TRAIL NORTH
#3
NAPLES FL 33940**

Mailing Address
**4951 TAMiami TRAIL NORTH
#3
NAPLES FL 33940**

10030631



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3436312**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HENNING, CHRISTIAN JR.
4951 TAMiami TRAIL N.
SUITE 3
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **(SEE ATTACHED RECORDED CHANGE OF REG. AGENT)**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROSIN, JOSEPH A**
STREET ADDRESS **555 SKOKIE BLVD, #350**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **MICHNA, ANDREA**
STREET ADDRESS **555 SKOKIE BLVD, #350**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 239-434-9410
Date Daytime Phone #

CR2E034 (10/02)