FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -3 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033177

1. Corporation Name: Continuum Medical Care Inc.

Principal Place of Business: 3233 Palm Ave, Hialeah, Fl 33012

Mailing Address: 3233 Palm Avenue, Hialeah, Fl 33012

3. Date Incorporated or Qualified: 1995

3a. Date of Last Report: First Report

2. Principal Place of Business: 21 Continuum Medical Care, Inc

2a. Mailing Address: 26 3233 Palm Ave

Suite, Apt. #, etc.: 22

Suite, Apt. #, etc.: 27

4. FEI Number: 650 725 609 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

City & State: 23 Hialeah, Florida

City & State: 28 Hialeah, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 33012 — Country: 25 Dade

Zip: 29 33012 — Country: 30 Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Karla de Cespedes
7125 Lago Drive East
Coral Gables, Florida 33143

10. Name and Address of New Registered Agent

81 Name: KARLA DE CESPEDES

82 Street Address (P.O. Box Number is Not Acceptable): 7125 Lago Drive East

83

84 City: Coral Gables FL — 85 Zip Code: 33143

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] — 6-30-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	Hugo Menendez ☑ DELETE
NAME	President, Secretary, Treasurer
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Secretary, Treasurer ☑ Change ☐ Addition
1.2 NAME	Karla DE CESPEDES
1.3 STREET ADDRESS	7125 Lago Drive East
1.4 CITY-ST-ZIP	Coral Gables, Fl 33143
2.1 TITLE	Chairman of The Board ☐ Change ☑ Addition
2.2 NAME	Raul de Cespedes
2.3 STREET ADDRESS	3233 Palm Ave
2.4 CITY-ST-ZIP	Hialeah Fl 33012
3.1 TITLE	Vice chairman of Board ☑ Change ☐ Addition
3.2 NAME	Government Relations
3.3 STREET ADDRESS	Hugo Menendez
3.4 CITY-ST-ZIP	3233 Palm Ave. Hialeah, Fl 33012
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	300002233653--8
4.3 STREET ADDRESS	-07/09/97--01046--005
4.4 CITY-ST-ZIP	****173.75 ****173.75
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: Karla de Cespedes — Karla de Cespedes — 6/30/97 — 305 885-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #