FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000084193 (7)**

1. Corporation Name
CONTINUUM HEALTH, INC.

Principal Place of Business	Mailing Address
200 CENTRAL AVENUE SUITE 1510 ST PETERSBURG FL 32701	200 CENTRAL AVENUE SUITE 1510 ST PETERSBURG FL 32701-3756

3. Date Incorporated or Qualified: 10/09/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 2210
City & State: 23
Zip: 24 33701 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3427433 ☒ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

GOUZE, CATHERINE E
200 CENTRLA AVENUE
SUITE 1510
ST PETERSBURG FL 32701

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 Suite 2210
84 City: FL 85 Zip Code: 33701

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROMEIS, RICHARD J		1.2 NAME	ROMEIS, RICHARD J.	
STREET ADDRESS	200 CENTRAL AVE SUITE 1510		1.3 STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2210	
CITY-ST-ZIP	ST PWTERSBURG FL 33701		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIGART, DAN		2.2 NAME		
STREET ADDRESS	200 CENTRAL AVE SUITE 1510		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PWTERSBURG FL 33701		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GOUZE, CATHERINE E		3.2 NAME	GOUZE, CATHERINE E.	
STREET ADDRESS	200 CENTRAL AVE SUITE 1510		3.3 STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2210	
CITY-ST-ZIP	ST PWTERSBURG FL 33701		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	T	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRUIS, BRIAN		4.2 NAME	GRUIS, BRIAN	
STREET ADDRESS	200 CENTRAL AVE SUITE 1510		4.3 STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2210	
CITY-ST-ZIP	ST PWTERSBURG FL 33701		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	BUGBEE, THOMAS	
STREET ADDRESS			5.3 STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2210	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 4/1/97 813-895-1579