

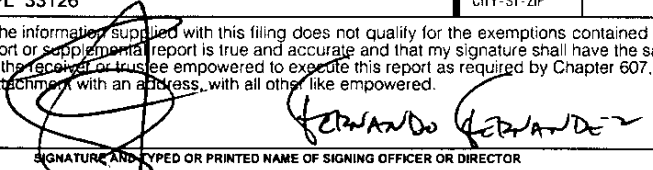


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000031752					
1. Entity Name CONTINUCARE PHYSICIAN PRACTICE MANAGEMENT, INC.					
Principal Place of Business 7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126			Mailing Address 7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0748363	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent	
Name				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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PD NAME PFENNIGER, RICHARD C JR STREET ADDRESS 7200 CORP. CTR DR CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete				
TITLE T NAME FERNANDEZ, FERNANDO STREET ADDRESS 7200 CORPORATE CENTER DR CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete				
TITLE V NAME IZQUIRDO, LUIS H STREET ADDRESS 7200 CORP. CTR DR CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete				
TITLE V NAME ROSELLO, GEMMA STREET ADDRESS 7200 CORPORATE CENTER DR CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete				
TITLE V NAME LOPEZ, HOLLY STREET ADDRESS 7200 CORPORATE CENTER DR CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete				
TITLE D NAME FROST, PHILLIP MD STREET ADDRESS 7200 CORP. CTR DR CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE Melissa Wilker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 7200 Corporate Ctr. Dr. STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP					
TITLE 500103907015 NAME 06/05/07--01015--011 **1250.00 STREET ADDRESS CITY-ST-ZIP					
TITLE Izquierdo, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7200 Corporate Ctr. Dr. STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP					
TITLE \$7611 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 record 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 Date: 4/26/07 Daytime Phone #: 305-500-2200					