

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031752

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** CONTINUCARE PHYSICIAN PRACTICE MANAGEMENT, INC.

**Current Principal Place of Business:**

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 65-0748363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSELLO, GEMMA  
Address: 7200 CORP. CTR DR  
City-St-Zip: MIAMI, FL 33126

Title: P  
Name: ROSELLO, GEMMA  
Address: 7200 CORPORATE CENTER DR  
City-St-Zip: MIAMI, FL 33126

Title: T  
Name: BECKHAM, MELISSA  
Address: 7200 CORPORATE CENTER DR  
City-St-Zip: MIAMI, FL 33126

Title: AT  
Name: SABO, ROBERT J  
Address: 777 YAMATO ROAD, SUITE 510  
City-St-Zip: BOCA RATON, FL 33431

Title: S  
Name: PALENZUELA, ROBERTO L  
Address: 777 YAMATO ROAD, SUITE 510  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO L. PALENZUELA

S

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date