

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054042

1. Entity Name

CONTINENTAL HEALTH CORPORATION

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90074 040 ***158.75

Principal Place of Business

~~PO BOX 540005~~
SURFSIDE FL 33154-6005
US

Mailing Address

~~PO BOX 540005~~
SURFSIDE FL 33154-0005
US

2. Principal Place of Business

P.O. Box 141717

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 141717

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0910684

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTE, EMILIO J

~~9317 COLLINS AVE.~~

~~#25~~

~~SURFSIDE FL 33154~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

49 BIDONIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MONTE, EMILIO J
CITY-ST-ZIP ~~9317 COLLINS AVE. #25~~
~~SURFSIDE FL 33154~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 49 BIDONIA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00

305-648-2004
~~305-862-8807~~