

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 021 ***158.75

DOCUMENT # P97000073014



1. Entity Name
CONTINUCARE MANAGED CARE, INC.

Principal Place of Business
**80 SW 8TH ST.
SUITE 2350
MIAMI, FL 33130 US**

Mailing Address
**80 SW 8TH ST.
SUITE 2350
MIAMI, FL 33130 US**

94070873



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0796178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SPENCER, ANGEL
80 SW 8TH ST., SUITE 2350
MIAMI, FL 33130** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
See attached.

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen A. Smith **Karen A. Smith**

4/26/04

305-350-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

#P97000073014

Additions/Changes to Officers and Directors in 11.

Title	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Richard C. Pfenniger, Jr.		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Patrick M. Healy		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Luis H. Izquierdo		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Janet L. Holt		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Karen A. Smith		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Phillip Frost, M. D.		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Jacob Nudel, M. D.		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Robert Cresci		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Neil Flanzraich		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Marvin Strait		
Street Address	80 SW 8 th Street, Suite 2350		
City-St-Zip	Miami, FL 33130		