

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90192 003 ***150.00

DOCUMENT # P97000073014

1. Entity Name

CONTINUCARE MANAGED CARE, INC.



Principal Place of Business

7200 CORPORATE CENTER DR
SUITE 600
MIAMI FL 33126
US

Mailing Address

7200 CORPORATE CENTER DR
SUITE 600
MIAMI FL 33126
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0796178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PFENNIGER, RICHARD C JR	
STREET ADDRESS	80 SW 8TH ST., SUITE 2350	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, FERNANDO	
STREET ADDRESS	7200 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	IZQUIRDO, LUIS H	
STREET ADDRESS	80 SW 8TH ST., SUITE 2350	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSELLO, GEMMA	
STREET ADDRESS	7200 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOPEZ, HOLLY	
STREET ADDRESS	7200 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROST, PHILLIP MD	
STREET ADDRESS	80 SW 8TH ST., SUITE 2350	
CITY-ST-ZIP	MIAMI FL 33130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7200 Corporate Ctr Dr	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Izquierdo, Luis	
STREET ADDRESS	7200 Corporate Ctr Dr.	
CITY-ST-ZIP	Miami, FL 33126	
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7200 Corporate Ctr. Dr.	
CITY-ST-ZIP	Miami, FL 33126	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

(305) 500-2000

Daytime Phone #