


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000073014</b>				<b>FILED</b> <b>07 MAY 23 PM 1:25</b> <b>STATE OF FLORIDA</b>	
1. Entity Name <b>CONTINUCARE MANAGED CARE, INC.</b>		Principal Place of Business <b>7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126 US</b>		Mailing Address <b>7200 CORPORATE CENTER DR SUITE 600 MIAMI, FL 33126 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04262007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0796178</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>				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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFENNIGER, RICHARD C JR 7200 CORPORATE CTR DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa Wilker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7200 Corporate Ctr. Dr. Miami, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, FERNANDO 7200 CORPORATE CENTER DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100103906971 06/05/07--01015--011 **1250.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OZQUIERDO, LUIS 7200 CORPORATE CTR DR MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Izquierdo, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 Corporate Ctr Dr. Miami, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSELLO, GEMMA 7200 CORPORATE CENTER DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, HOLLY 7200 CORPORATE CENTER DR MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, PHILLIP MD 7200 CORPORATE CTR DR MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: _____		_____		4/26/07 305-500-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	