2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

Jun 17, 2008 8:00 am Secretary of State

06-17-2008 90002 028 ***550 00 DOCUMENT # P97000073014 1. Entity Name CONTINUCARE MANAGED CARE, INC. Principal Place of Business Mailing Address 7200 CORPORATE CENTER DR 7200 CORPORATE CENTER DR SUITE 600 SUITE 600 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 06062008 Cha-P City & State City & State 4 FEt Number Applied For Not Applicable 65-0796178 \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code FI 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. 1 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 \$550.00\ 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ŒO TITLE ☐ Delete TITLE PFENNIGER, RICHARD CUIR NAME NAME 7200 CORPORATE CTR DR STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-7IP CITY-ST-ZIP CFO TITLE Delete TIRE ☐ Addition FERNANDEZ, FERNANDO NAME NAME 7200 CORPORATE CENTER DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33126 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME IZQUIERDO, LUIS NAME 7200 CORPORATE CTR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ROSELLO, GEMMA NAME NAME STREET ADDRESS 7200 CORPORATE CENTER DR STREET ADDRESS CITY-ST-7IP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE 🔀 Change ☐ Addition nelissa Beckham NAME WILKER, MELISSA NAME STREET ADDRESS 7200 CORPORATE CENTER DR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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