


150

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

|  |   |         |  |  |  |  |  |
|--|---|---------|--|--|--|--|--|
| <b>DOCUMENT # P97000080453</b><br>1. Entity Name<br>CONTINUOCARE MSO, INC.   |   |         |  |   |  | FILED<br>07 MAY 23 PM 1:27<br>STATE OF FLORIDA<br>MIAMI, FLORIDA |  |
| Principal Place of Business<br>7200 CORPORATE CENTER DR<br>SUITE 600<br>MIAMI, FL 33126  |   |         |  | Mailing Address<br>7200 CORPORATE CENTER DR<br>SUITE 600<br>MIAMI, FL 33126  |  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |         |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   |         |  | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   |         |  | City & State   |  |  |  |
| Zip  |   | Country |  | Zip  |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br>CORPORATE CREATIONS NETWORK INC.<br>11380 PROSPERITY FARMS ROAD #221E<br>PALM BEACH GARDENS, FL 33410   |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |         |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>PFENNIGER, RICHARD C<br>7200 CORPORATE CTR DR<br>MIAMI, FL 33126 <input type="checkbox"/> Delete        |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Melissa Wilker<br>7200 Corporate Ctr. Dr.<br>Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>FERNANDEZ, FERNANDO<br>7200 CORPORATE CENTER DR<br>MIAMI, FL 33126 <input type="checkbox"/> Delete       |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="font-size: 2em; font-weight: bold;">\$76/1</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>IZQUIERDO, LUIS<br>7200 CORPORATE CTR DR.<br>MIAMI, FL 33126 <input type="checkbox"/> Delete             |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="font-size: 1.2em; font-weight: bold;">400103905864</div> <div style="font-size: 0.8em;">06/05/07--01015--011 **1250.00</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>LOPEZ, HOLLY<br>7200 CORPORATE CENTER DR<br>MIAMI, FL 33126 <input type="checkbox"/> Delete              |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>ROSELLO, GEMMA<br>7200 CORPORATE CENTER DR<br>MIAMI, FL 33126 <input type="checkbox"/> Delete            |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>FROST, PHILIP MD<br>7200 CORPORATE CTR DR.<br>MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 12. I hereby certify that the information supplied in 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. |   |         |  |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |  | Date: 4/26/07 Daytime Phone #: 305-500-2000  |  |  |  |