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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000092987 (1)

CONTINUCARE HEALTH CENTERS, INC.

FILED Mar 10 1998 8:00am Secretary of State



Mailing Address Mailing Address Seth FLOOR Seth F								i	
SSTH FLOOR MAME FLOOR	Principal Plac	e of Business	Mailing Address			1 (691(69) (48 (94)) 188() 88()) 69()) 8	nen nånet inerå ifarå fårå	1811 1881 1881	
10/29/1997 10/29/1997 22	36TH FLOOR		36TH FLOOR						
21 100 S.E. 2nd Street 26 100 S.E. 2nd Street 65-0791417						10/29/1997			
Sulte. Apt #. etc. 23 36th Floor 27 36th Floor 27 36th Floor 28 Miami FL 29 Country 20 State 20 Miami FL 29 Country 20 State 20 Miami FL 20 20 State 20 State Address (P. Devor Number is Not Acceptable) 21 Name and Address of New Registered Agent 21 Name State 22 State Address (P. Devor Number is Not Acceptable) 23 Miami Fl Name 25 State Address (P. Devor Number is Not Acceptable) 26 State Address (P. Devor Number is Not Acceptable) 27 State Address (P. Devor Number is Not Acceptable) 28 State Address (P. Devor Number is Not Acceptable) 29 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 21 State Address (P. Devor Number is Not Acceptable) 22 State Address (P. Devor Number is Not Acceptable) 23 State Address (P. Devor Number is Not Acceptable) 24 Over Number is Not Acceptable) 25 State Address (P. Devor Number is Not Acceptable) 26 State Address (P. Devor Number is Not Acceptable) 27 State Address (P. Devor Number is Not Acceptable) 28 State Address (P. Devor Number is Not Acceptable) 29 Over Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Acceptable) 20 State Address (P. Devor Number is Not Accep							·		
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23 Miami						8 Floation Computer Financian			
Zip Country Zip Country Zip Country Zip Country Zip 3 33 31 30 U S.A. 29 333 31 30 U S.A. 20 Name and Address of Current Registered Agent TARBE, SUSAN 100 S.E. 2ND STREET 36TH FLOOR MIAMIF FL 33131 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with 3 did accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with 3 did accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with 3 did accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with 3 did accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with 3 did accept the obligations of Section 607 0505, Florida Statutes, the approved Agent separate register Mixed Mixed Mixed Statutes, the approved Agent separate register	—								
TARBE, SUSAN 100 S.E. 2ND STREET 38TH FLOOR MIAMI FL 33131 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the exportance of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the exportance of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the exportance of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the exportance of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the exponent agent. I am familiar with. In accept the obligators of, Soction 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITIE 12. ITIE 13. ITIE 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. EXAME 18. SIREET ADDRESS 19. SIREET ADDRESS 29. ADDRESS	Ζφ	Zip Country		Zip Country		8. This corporation owes or has paid			
TARBE, SUSAN 100 S.E. 2ND STREET 38TH FLOOR MAM! FL 33131 11. Pursuant to the provisions of Socians 697,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was subtherzed by the corporation's board of directors. I hereby accept the appointment as registered agent ag	24 3313			30 U	S.A.	1		□No	
Susan Tarbe, ESQ	· · · · · · · · · · · · · · · · · · ·		Registered Agent		M Manage	10. Name and Address of New Reg	Istered Agent		
Street Address (P.O. Box Number is Not Acceptable) 100 S.B. 2nd Street	TANDE, SUSAIN								
MIAMI FL 33131 83 36th Floor 84 City Miami FL 85 Zip Code 33131				ε	82 Street Address (P.O. Box Number is Not Acceptable)				
36th Floor 33th Flore 33th Floor 33t						S.E. 2nd Street			
### Presuant to the provisions of Socialons 607.0502 and 607.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the exponitment as registered agent, I am familiar with, Bid accept the exposition approach agent agent and the displacement of the purpose of changing its registered agent. I am familiar with, Bid accept the exposition approach agent agent and the displacement of the purpose of changing its registered agent. I am familiar with, Bid accept the exposition as registered agent agent and accept the exposition as registered agent agent and accept the exposition and accept the	IN IN	MAMERI 33131		Ľ		n Floor			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with add accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signature type for proved name of registered agent and which applicable PNOTE Registered Agent agriculted which reflectiong) DATE				٤					
SIGNATURE Signature trypotes protect name of registered agent and tile if applicable (Not le Repistered Agent signature required when refindancy) DATE	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-named corp	poration submits this statement for the nu	irpose of changing i	its registered	
SIGNATURE Signature trypotes protect name of registered agent and tile if applicable (Not le Repistered Agent signature required when refindancy) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505. Florida Statutes.								
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	9/90/90								
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		earlify that the information a unclind with	this filing dose not qualify for			Section 118 D7/QVI) Elevida Statutan 14	uther cortify that the	information	

indicated on this annual report of supplemental annual 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 corporator or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of implifitacionent with an address.

(Humberto J. Munoz) 2/20/98