

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90465 010 \*\*\*150.00

**DOCUMENT # P97000092987**

1. Entity Name

CONTINUCARE MEDICAL MANAGEMENT, INC.



Principal Place of Business

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI FL 33126

Mailing Address

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI FL 33126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0791417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS FL 33410

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PFENNIGER, RICHARD C  
STREET ADDRESS 80 SW 8TH ST., SUITE 2350  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 7200 Corporate Ctr Dr.  
CITY-ST-ZIP Miami, FL 33126

TITLE T ☐ Delete  
NAME FERNANDEZ, FERNANDO  
STREET ADDRESS 7200 CORPORATE CENTER DR  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ Delete  
NAME IZQUIRDO, LUIS H  
STREET ADDRESS 80 SW 8TH STREET, SUITE 2350  
CITY-ST-ZIP MIAMI FL 33130

TITLE V ☒ Change ☐ Addition  
NAME IZQUIERDO, Luis  
STREET ADDRESS 7200 Corporate Ctr. Dr.  
CITY-ST-ZIP Miami, FL 33126

TITLE V ☐ Delete  
NAME ROSELLO, GEMMA  
STREET ADDRESS 7200 CORPORATE CENTER DR  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ Delete  
NAME LOPEZ, HOLLY  
STREET ADDRESS 7200 CORPORATE CENTER DR  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME FROST, PHILLIP M.D.  
STREET ADDRESS 80 SW 8TH STREET, SUITE 2350  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

(305) 500-2000

Daytime Phone #