

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000092987

1. Entity Name  
CONTINUACARE MEDICAL MANAGEMENT, INC.



FILED  
07 MAY 23 PM 1:26  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



04262007 Chg-P CR2E034 (12/06)

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

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00

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	<input type="checkbox"/> Delete		TITLE	Jose Garcia	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PFENNIGER, RICHARD C			NAME	3158 North Bay Drive		
STREET ADDRESS	7200 CORPORATE CTR DR			STREET ADDRESS	Miami Beach, FL 33140		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	Sadita Bustamante	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, FERNANDO			NAME	8225 SW 99 St.		
STREET ADDRESS	7200 CORPORATE CENTER DR			STREET ADDRESS	Miami, FL 33156		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	Melissa Wilker	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	IZQUIERDO, LUIS			NAME	7200 Corporate Ctr. Dr.		
STREET ADDRESS	7200 CORPORATE CTR DR			STREET ADDRESS	Miami, FL 33126		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSELLO, GEMMA			NAME	100103906891		
STREET ADDRESS	7200 CORPORATE CENTER DR			STREET ADDRESS	06/05/07--01015--011 **1250.00		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, HOLLY			NAME			
STREET ADDRESS	7200 CORPORATE CENTER DR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROST, PHILLIP M.D.			NAME			
STREET ADDRESS	7200 CORPORATE CTR DR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			

12. I hereby certify that the information supplied on 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/07 Daytime Phone #: 305-500-2000