

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000092987

FILED
Nov 18, 2009
Secretary of State**Entity Name:** CONTINUCARE MEDICAL MANAGEMENT, INC.**Current Principal Place of Business:**7200 CORPORATE CENTER DR
SUITE 600
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**7200 CORPORATE CENTER DR
SUITE 600
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 65-0791417**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PFENNIGER, RICHARD C
Address: 7200 CORPORATE CTR DR
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: FERNANDEZ, FERNANDO
Address: 7200 CORPORATE CENTER DR
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: IZQUIERDO, LUIS
Address: 7200 CORPORATE CTR DR
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: ROSELLO, GEMMA
Address: 7200 CORPORATE CENTER DR
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: LOPEZ, HOLLY
Address: 7200 CORPORATE CENTER DR
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GARCIA, JOSE
Address: 3158 NORTH BAY DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUSTAMANTE, SADITA
Address: 7200 CORPORATE CENTER DR
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO FERNANDEZ

CFO

11/18/2009

Electronic Signature of Signing Officer or Director

Date