

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90023 025 ***150.00

DOCUMENT # P98000001671

1. Corporation Name

CONTINU-CARE HOME HEALTH SERVICES USA, INC.

Principal Place of Business

7398 NW 49TH PL
LAUDERHILL FL 33319

Mailing Address

7398 NW 49TH PL
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

65-0803500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1631 NW 38 Ave

Suite, Apt. #, etc.

22 City & State
23 LAUDERHILL

24 Zip 33311 25 Country FL

2a. Mailing Address

26 1631 NW 38 Ave

Suite, Apt. #, etc.

27 City & State
28 LAUDERHILL

29 Zip 33311 30 Country FL

9. Name and Address of Current Registered Agent

ROBERTSON, SHIRLEY
7398 NW 49TH PL
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name SHIRLEY ROBERTSON

82 Street Address (P.O. Box Number is Not Acceptable)

1631 NW 38 Ave

83

84 City LAUDERHILL FL 85 Zip Code 33311

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, 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.

SIGNATURE *Shirley Robertson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME Shirley Robertson
STREET ADDRESS 1631 NW 38 Ave
CITY-ST-ZIP LAUDERHILL FL 33311

TITLE VP
NAME RICHARD SYRIAC
STREET ADDRESS 3900 NW 50 Ave
CITY-ST-ZIP LAUDERDALE LAKE 33313

TITLE ST
NAME KINLOCK, Beverly
STREET ADDRESS 3511 SW 36 CT
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ALTERNATE ST
NAME OCHOA MARGO
STREET ADDRESS 10904 NW 40 ST
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Robertson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)