

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 20 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PR



07192006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000036647 1. Entity Name CONTINENTAL PROVIDER SERVICES, INC.					
Principal Place of Business 13550 SW 88 STREET 250 MIAMI, FL 33186			Mailing Address 13550 SW 88 STREET 250 MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0942763	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANTIEGA, ROXANA 13550 SW 88 STREET 250 MIAMI, FL 33186					
7. Name and Address of New Registered Agent Name: JANET GORGUIS Street Address (P.O. Box Number is Not Acceptable): 13550 SW 88 ST #250 City: Miami FL Zip Code: 33186					
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: <i>[Signature]</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTIEGA, ROXANA <input checked="" type="checkbox"/> Delete 13550 SW 88 STREET #250 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PD) GORGUIS, JANET <input type="checkbox"/> Change <input type="checkbox"/> Addition 13550 SW 88 ST #250 Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORGUIS, JANET <input checked="" type="checkbox"/> Delete 13550 SW 88 STREET #250 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300077970503 07/26/06--01005--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with 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: <i>[Signature]</i> DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					