

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111668

1. Entity Name
CONTINUUM HEART CARE, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90014 024 ***550.00

Principal Place of Business
10220 HUNT CLUB DR
PALM BEACH GARDENS FL 33418

Mailing Address
10220 HUNT CLUB DR
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
Same As Above

3. Mailing Address
Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
650 891 235

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name *RICHARD E. GRAFF*

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

10220 Hunt Club Dr

City *Palm Beach Gardens* FL Zip Code *33418*

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.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT* ☐ Delete
NAME *RICHARD E. GRAFF*
STREET ADDRESS *10220 Hunt Club Dr*
CITY-ST-ZIP *Palm Beach Gardens FL 33418*

TITLE *Sec* ☐ Delete
NAME *Richard E. Graff*
STREET ADDRESS *10220 Hunt Club Dr*
CITY-ST-ZIP *Palm Beach Gardens FL 33418*

TITLE *Treasurer* ☐ Delete
NAME *Richard E. Graff*
STREET ADDRESS *10220 Hunt Club Dr*
CITY-ST-ZIP *Palm Beach Gardens FL 33418*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 *(561) TK 5427*
Date Daytime Phone #

CR2E034 (5/00)