

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 20 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



07182006 Chg-P CR2E034 (11/05)

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # S53082 1. Entity Name COMMONWEALTH CONTINENTAL HEALTH CARE, INC. | | | | | |
| Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 | | | Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 | | |
| 2. Principal Place of Business 13737 Noel Rd Ste 100 | | 3. Mailing Address 13737 Noel Rd Ste 100 | | 4. FEI Number 65-0270101 Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. Ste 100 | | Suite, Apt. #, etc. Ste 100 | | | |
| City & State Dallas TX | | City & State Dallas; TX | | | |
| Zip 75240 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | P STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309 <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 | SD LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS MACK, KRISTINA A 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" 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: <u><i>Caitlin Larsen</i></u> Caitlin Larsen <u>7/18/06 469-893-2701</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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