#### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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#### DOCUMENT # S53082

1. Entity Name COMMONWEALTH CONTINENTAL HEALTH CARE, INC.



Principal Place of Business

13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 US

Mailing Address

13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 US

## FILED

2088 FEB 27 AM II: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0270101

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

ĆY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

500 W. CYPRESS CREEK RD.#700

FORT LAUDERDALE, FL 33309

13737 NOEL ROAD, SUITE 100

13737 NOEL ROAD, SUITE 100

13737 NOEL ROAD, SUITE 100

ALEMAN, RALPH

LARSEN, CAITLIN M

DALLAS, TX 75240

MACK, KRISTINA A

DALLAS, TX 75240

DALLAS, TX 75240

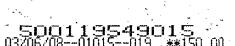
SHERMAN, JEFFREY S

SD

AS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees



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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 of the corporation or the receiver or trustee empowered to the rike empowered changed, or on an attachment with an address, with all other like empowered truster A. Mack,

SIGNATURE:

469-893-2701