2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2019
Secretary of State
5552747926CC

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Entity Name: CONTINUITY OF CARE OF CITRUS COUNTY, INC.

Current Principal Place of Business:

2244 HWY. 44 WEST
INVERNESS, FL 33453

Current Mailing Address:

2244 HWY. 44 WEST
INVERNESS, FL 33453 US

FEI Number: 81-1825409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
STE. A
TAMPA, FL 33612 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P/D
Name	SPINKA, GAILEN LEE
Address	1519 S LADERA TERRACE
City-State-Zip:	INVERNESS FL 33452

Title	D
Name	O'LEARY, DEBORAH
Address	1612 CALDWELL STREET
City-State-Zip:	INVERNESS FL 33450

Title	S, D
Name	GOLDSTEIN, MICHELLE
Address	3840 SOUTH SANDPIPER TERRACE
City-State-Zip:	HOMOSASSA FL 33448

Title	D
Name	SAXER, APRIL JOY
Address	70 WHITEWOOD STREET
City-State-Zip:	HOMOSASSA FL 34446

Title	T/D
Name	OSTEEN, TERRI L
Address	109 DOUGLAS ST
City-State-Zip:	HOMOSASSA FL 33446

Title	D
Name	TORCUATOR, ANNA
Address	916 NORTH HAMBLETONIAN DR.
City-State-Zip:	INVERNESS FL 33453

Title	D
Name	RIGALO, KIMBERLY
Address	5600 N MOCK ORANGE DRIVE
City-State-Zip:	BEVERLY HILLS FL 34465

Title	D
Name	DELGADO, CHRIS
Address	133 N FITZPATRICK AVE
City-State-Zip:	INVERNESS FL 34453

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAILEN SPINKA PRESIDENT 04/02/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	ALLEN, NANCI
Address	720 NW SNUG HARBOR
City-State-Zip:	CRYSTAL RIVER FL 34428