

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90020 014 ****61.25

DOCUMENT # N48083

1. Entity Name
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business 3210 DR MARTIN LUTHER KING JR BLVD FT MYERS FL 33916 US	Mailing Address P.O. BOX 1255 FT MYERS FL 33902
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Drawer 1290 Suite, Apt. #, etc.
City & State	City & State Fort Myers, FL
Zip 33902	Country Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0321309	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EBELINI, MARK A ESQ
 HUMPHREY & KNOTT, P.A.
 1625 HENDRY ST., STE. 301
 FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKAN, IRWIN W Y FORT MYERS FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, HELEN 1828 S. MARKLEY COURT FT MYERS FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, RON 4641-15 LAKESIDE CLUB BLVD FT MYERS FL 33905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWE, G. YOUNG 1408 S.E. 5TH PLACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREETS, JOHNNY 2162 BEN STREET FORT MYERS FL 33916 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, LEE P.O. BOX 2662 N/A FT MYERS FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, D Ebelini, Mark A. 1625 Hendry Street, Suite 301 Fort Myers, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crimmins, Dustin, C. 2909 Valencia Way Fort Myers, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barkan, Irwin W 1910 Virginia Avenue #202B Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 617, 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: Mark A. Ebelini 1/19/01 941-334-2722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)