

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48083

FILED  
Mar 12, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

3210 DR MARTIN LUTHER KING JR BLVD  
FT MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 1290  
FORT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 65-0321309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

EBELINI, MARK A ESQ  
KNOTT, CONSOER, EBELINI, HART & SWETT, P.A.  
1625 HENDRY ST., STE. 301  
FT MYERS, FL 33901 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

03/12/2002

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARKAN, IRWIN W  
Address: Y  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: FULLER, HELEN  
Address: 1828 S. MARKLEY COURT  
City-St-Zip: FT MYERS, FL 33916

Title: CD ( ) Delete  
Name: EBELINI, MARK A  
Address: 1625 HENDRY STREET, SUITE 301  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: POWE, G. YOUNG  
Address: 1408 S.E. 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: CRIMMINS, DUSTIN C  
Address: 2909 VALENCIA WAY  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: BARKEN, IRWIN W  
Address: 1910 VIRGINIA AVENUE #202B  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BARKAN, IRWIN W  
Address: 3499 BRANDYWINE ROAD  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAUNDERS, CHARLES  
Address: 1229 EL DORADO PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK A. EBELINI

Electronic Signature of Signing Officer or Director

C D

03/12/2002

Date