2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P06000097403 07 SEP 20 PM 2: 30 1. Entity Name PROFESSIONAL COMMUNITY SERVICE OF SOUTH WEST FLORIDA, INC TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2310 DELLA DRIVE P>0> BOX 110156 NAPLES, FL 34117 NAPLES, FL 34108 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E034 (12/06) Chg-P 4. FEI Number 20 - 8146029 City & State Applied For City & State Not Applicable Zin Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 2310 DELLA DRIVE NAPLES, FL, FL 34117 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable INOTE: Recustered Agent signature manufed when registational GATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. \Box Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. P/D TITLE ☐ Delete THUE Change 000109713640 09/20/07--01049--015 **55 WHITE, WILLIAM D NAME NAME STREET ADDRESS 2310 DELLA DRIVE STREET ADDRESS NAPLES, FL 34117 CHY ST-ZIP UTY-S1-ZIP VP/D THLE ☐ Change Delete TITLE Addition MAME DESMOND-WHITE, CYNTHIA M 2310 DELLA DRIVE STREET ADDRESS STREET ADDITION CHY SE JIP CHY SEZIP NAPLES, FL 34117 HILL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY S1-ZIP Delete TITLE Change ☐ Addition fill SAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST ZIP IIILE ☐ Delete Ditt Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CHY SI-ZIP TITLE ☐ Delete THEE Change Addition SAME MAME STREE! ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-1-07 SIGNATURE: _

Dayline Phone #