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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750077** (0)

1. Corporation Name

**SOUTHWEST FLORIDA ADDICTION SERVICES, INC.**

Principal Place of Business

Mailing Address

**2101 MCGREGOR BLVD.  
FT. MYERS FL 33901**

**2101 MCGREGOR BLVD.  
FT. MYERS FL 33901**



3. Date Incorporated or Qualified

**12/06/1979**

4. FEI Number

**59-1965829**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, LARRY  
2210 PECK ST.  
FT. MYERS FL 33901**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MUDGETT, M</b>	
STREET ADDRESS	<b>1308 ALHAMBEA DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 00000</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ALDERMAN, FRANK</b>	
STREET ADDRESS	<b>1533 HENDRY ST., SUITE 200</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HART, LARRY</b>	
STREET ADDRESS	<b>2210 PECK ST</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HAGAN, CHALES</b>	
STREET ADDRESS	<b>15864 BROMELAI RD.</b>	
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ROEPSTORFF, GEOFF</b>	
STREET ADDRESS	<b>4575 VIA ROYALE, SUITE 108</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PLYE, HOMER</b>	
STREET ADDRESS	<b>846 XAVIER AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ARNOLD Gibbs</b>	
1.3 STREET ADDRESS	<b>PO BOX 150087 N/A</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33915</b>	

2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Larry D. Hart*

*6/17/98 94/1322-6937*

CR2E037 (10/97)