2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 08:00 AM 750077 DOCUMENT # 1. Entity Name **Secretary of State** SOUTHWEST FLORIDA ADDICTION SERVICES, INC. Principal Place of Business Mailing Address 2101 MCGREGOR BLVD. 2101 MCGREGOR BLVD. FT. MYERS FL FT. MYERS 33901 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1965829 Not Applicable Zip Country Zip 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 HART LARRY Street Address (P.O. Box Number is Not Acceptable) 2210 PECK ST. FT. MYERS FL33901 US City 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. 04/09/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE with the second 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ☐ Change ☐ Addition NAME PYLE, HOMER NAME STREET ADDRESS STREET ADDRESS 846 XAVIER AVE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FT. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROEPSTORFF NAME STREET ADDRESS STREET ADDRESS 13000 S CLEVELAND AVE CITY-ST-ZIP FORT MYERS FL. 33907 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME HAGAN CHALES NAME STREET ADDRESS 15664 BROMELAID RD. STREET ADDRESS CITY-ST-ZIP BOKEELIA CITY-ST-ZIP FL. 33922 TITLE Delete TITLE Change Addition NAME HART, LARRY NAME STREET ADDRESS 2210 PECK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL nnnnnTITLE ☐ Delete TITLE Change ☐ Addition NAME ENGLEDOW MARK NAME STREET ADDRESS 12065 METRO PKWY STREET ADDRESS CITY-ST-ZIP FORT MYERS 33912 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME **GIBBS** ARNOLD NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

P. O. BOX 150027 N/A

CAPE CORAL

Larry Hart

33915

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04/09/2001

CR2E037 (11/00)

CHARLOTTE MACK KING, DIRECTOR 1500 COLONIAL BLVD. SUITE 233 FORT MYERS, FL 33907

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LEHIGH ACRES, FL 33936

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