2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003
Secretary of State

DOCUMENT# 750077

Entity Name: SOUTHWEST FLORIDA ADDICTION SERVICES, INC.

Current Principal Place of Business:

2101 MCGREGOR BLVD.
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2101 MCGREGOR BLVD.
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1965829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, LARRY
1469 MORENO AVENUE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	GIBBS, ARNOLD	
Address:	P. O. BOX 150027 N/A	
City-St-Zip:	CAPE CORAL, FL 33915	
Title:	D	( ) Delete
Name:	ENGLEDOW, MARK	
Address:	12065 METRO PKWY	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	P	( ) Delete
Name:	HART, LARRY,	
Address:	2210 PECK ST	
City-St-Zip:	FT MYERS, FL 00000,	
Title:	S	( ) Delete
Name:	HAGAN, CHALES	
Address:	15664 BROMELAID RD.	
City-St-Zip:	BOKEELIA, FL 33922 US	
Title:	T	( ) Delete
Name:	ROEPSTORFF, GEOFF	
Address:	13000 S CLEVELAND AVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	PYLE, HOMER,	
Address:	846 XAVIER AVE	
City-St-Zip:	FT MYERS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LARRY HART P 03/13/2003

Electronic Signature of Signing Officer or Director — Date