2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F08000003338

Entity Name: LCS NAPLES, INC.

Current Principal Place of Business:

400 LOCUST ST., SUITE 820
DES MOINES, IA

New Principal Place of Business:

400 LOCUST ST., SUITE 820
DES MOINES, IA 503092334

Current Mailing Address:

400 LOCUST ST., SUITE 820
DES MOINES, IA

New Mailing Address:

400 LOCUST ST., SUITE 820
DES MOINES, IA 503092334

FEI Number: 26-2611853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KENNY, EDWARD R
Address: 400 LOCUST ST., SUITE 820
City-St-Zip: DES MOINES, IA

Title: VC ( ) Delete
Name: LARSON, KENT
Address: 400 LOCUST ST., SUITE 820
City-St-Zip: DES MOINES, IA

Title: DV ( ) Delete
Name: NELSON, JOEL
Address: 400 LOCUST ST., SUITE 820
City-St-Zip: DES MOINES, IA

Title: S ( ) Delete
Name: STOLL, REBECCA S
Address: 400 LOCUST ST., SUITE 820
City-St-Zip: DES MOINES, IA

Title: T ( ) Delete
Name: BRIDGEWATER, DIANE
Address: 400 LOCUST ST., SUITE 820
City-St-Zip: DES MOINES, IA

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA S STOLL AS 04/23/2009

Electronic Signature of Signing Officer or Director Date