

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 FEB 28 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015507

1. Entity Name

SOUTHWEST FLORIDA CARE GIVERS, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business
8695 College Parkway

3. Mailing Address
8695 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #353

Suite #353

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

Zip

Country

33919

Lee

33919

USA

4. FEI Number

65-1065427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rosanne Gauthier
Southwest Florida Care Givers, L.L.C.
8695 College Parkway, Suite #353
Fort Myers, FL 33919

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dir. of Client Services
Paula C. Chapman
8695 College Parkway, #353
Fort Myers, FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Rosanne Gauthier
8695 College Parkway, Suite #353
Fort Myers, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rosanne Gauthier

Rosanne Gauthier

2/26/01

941-590-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/100)