

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017888

FILED
Jul 06, 2004
Secretary of State

Entity Name: CHILDREN'S MENTAL HEALTH SERVICES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

4575 VIA ROYALE
SUITE 105
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

4575 VIA ROYALE
SUITE 105
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 54-2064626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BOULEVARD, STE 320
FORT MYERS, FL 33919 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BROWN, STACY MA
Address: 4575 VIA ROYALE, SUITE 105
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: HENDERSON, JUSTIN MS
Address: 1705 COLONIAL BLVD, STE B-1
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: RIECHE, OMAR MD
Address: 1705 COLONIAL BLVD., STE B-1
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: STREYFFELER, LAURA CO
Address: P.O. BOX 60401
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM () Delete
Name: COLE, ANN MA
Address: 15951 S. SHAMROCK DR
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: CHESTNUT, CATHY
Address: 1466 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

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
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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 is true and accurate and that my electronic 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: STACY BROWN, MA

MGRM

07/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date