

# 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  
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 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