


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

90152688

DOCUMENT # L02000017888		
1. Entity Name CHILDREN'S MENTAL HEALTH SERVICES OF SOUTHWEST FLORIDA, LLC		
Principal Place of Business 33 BARKLEY CIRCLE, SUITE C FORT MYERS, FL 33907		Mailing Address 33 BARKLEY CIRCLE, SUITE C FORT MYERS, FL 33907
2. Principal Place of Business 4575 VIA ROYALE Suite, Apt. #, etc. SUITE 105 City & State FORT MYERS, FLORIDA		3. Mailing Address 4575 VIA ROYALE Suite, Apt. #, etc. SUITE 105 City & State FORT MYERS, FLORIDA
Zip 33919	Country USA	4. FEI Number 54-2064626
Zip 33919	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KYLE, KEVEN A (MISPELLED) 1620 ROYAL PALM SQUARE BOULEVARD, STE 320 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name KEVIN A. KYLE 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>(Signature, typed or printed name of registered agent and title if applicable)</i>		DATE
Make Check Payment to Florida Department of State Due By May 17, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM STACEY BROWN, MA, LMHC, NCC, CCST 4575 VIA ROYALE, SUITE 105 FORT MYERS, FL 33919
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM JUSTIN HENDERSON, MS, RN 1705 COLONIAL BLVD, STE. B-1 FT MYERS, FL 33907
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM OMAR RIECHE MD 1705 COLONIAL BLVD, STE. B-1 FT MYERS FL 33907
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM LAURA STREYFFELER, CPA PO BOX 60401 FT MYERS, FL 33906
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM ANN COLE, MA 15951 S. SHAMROCK DR. FT MYERS FL 33912
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM CATHY CHESTNUT 1466 WINKLER AVE FT MYERS FL 33901
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 <i>(Signature)</i>		DATE 8/19/03 (239) 278-7788
SIGNATURE AND ADDRESS FOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE

CR2E03 (10/02)

SEE NEXT PAGE FOR CONTINUATION

Attachment

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CHILDREN'S MENTAL HEALTH SERVICES
OF SOUTHWEST FLORIDA, LLC

Document #: L02000017888

Block 10 Continuation:

Title: MGRM
Name: J. Tom Smoot, III, Esq.
Street Address: 1533 Hendry St., Suite 200
City-ST-Zip: Fort Myers, FL 33901

Title: MGRM
Name: William Wiltshire, C.P.A.
Street Address: PO Box 1020
City-ST-Zip: Fort Myers, FL 33902-1020

Title: MGRM
Name: Bob Arnall, M.D.
Street Address: 4575 Via Royale, Suite 105
City-ST-Zip: Fort Myers, FL 33919

Title: MGRM
Name: Deb Merwin, Ph.D.
Street Address: c/o Canterbury School
City-ST-Zip: Ft. Myers, FL 33919