


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

**90152688**

<b>DOCUMENT # L02000017888</b>		
1. Entity Name <b>CHILDREN'S MENTAL HEALTH SERVICES OF SOUTHWEST FLORIDA, LLC</b>		
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 <b>4575 VIA ROYALE</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>FORT MYERS, FLORIDA</b>		3. Mailing Address <b>4575 VIA ROYALE</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>FORT MYERS, FLORIDA</b>
Zip <b>33919</b>	Country <b>USA</b>	4. FEI Number <b>54-2064626</b>
Zip <b>33919</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>KYLE, KEVEN A (MISPELLED)</b> 1620 ROYAL PALM SQUARE BOULEVARD, STE 320 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name <b>KEVIN A. KYLE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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
		<b>MGRM STACEY BROWN, MA, LMHC, NCC, CCST 4575 VIA ROYALE, SUITE 105 FORT MYERS, FL 33919</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM JUSTIN HENDERSON, MS, RN 1705 COLONIAL BLVD, STE. B-1 FT MYERS, FL 33907</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM OMAR RIECHE MD 1705 COLONIAL BLVD, STE. B-1 FT MYERS FL 33907</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM LAURA STREYFFELER, CPA PO BOX 60401 FT MYERS, FL 33906</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM ANN COLE, MA 15951 S. SHAMROCK DR. FT MYERS FL 33912</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM CATHY CHESTNUT 1466 WINKLER AVE FT MYERS FL 33901</b>
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 <b>8/19/03</b> (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