FILED
Aug 26, 2003 8:00 am
Secretary of State
08-26-2003 90010 002 ****85.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017888

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

90152688

Principal Place of Business	Mailing Address
33 BARKLEY CIRCLE, SUITE C FORT MYERS, FL 33907	33 BARKLEY CIRCLE, SUITE C FORT MYERS, FL 33907

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4575 VIA ROYALE	4575 VIA ROYALE
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.: SUITE 105
City & State: FORT MYERS, FLORIDA	City & State: FORT MYERS, FLORIDA
Zip: 33919 / Country: USA	Zip: 33919 / Country: USA

4. FEI Number: 54-2064626 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KYLE, KEVEN A (MISSPELLED) 1520 ROYAL PALM SQUARE BOULEVARD, STE 320 FORT MYERS, FL 33919	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: STACEY BROWN, MA, LMHC, NCC, CCBT STREET ADDRESS: 4575 VIA ROYALE, SUITE 105 CITY-ST-ZIP: FORT MYERS, FL 33919	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: JUSTIN HENDERSON, MS, RN STREET ADDRESS: 1705 COLONIAL BLVD, STE. B-1 CITY-ST-ZIP: FT MYERS, FL 33907	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: OMAR RIECHE MD STREET ADDRESS: 1705 COLONIAL BLVD, STE. B-1 CITY-ST-ZIP: FT MYERS FL 33907	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: LAURA STREYFFELER c/o ACT STREET ADDRESS: PO BOX 60401 CITY-ST-ZIP: FT MYERS, FL 33906	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: ANN COLE, MA STREET ADDRESS: 15951 S. SHAMROCK DR. CITY-ST-ZIP: FT MYERS FL 33912	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: CATHY CHESTNUT STREET ADDRESS: 1466 WINKLER AVE CITY-ST-ZIP: FT MYERS FL 33901	☐ Change ☑ Addition

SEE NEXT PAGE FOR CONTINUATION

CR2E083 (10/02)

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: Justin Henderson 8/19/03 (239)278-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
90152688

CHILDREN'S MENTAL HEALTH SERVICES OF SOUTHWEST FLORIDA, LLC

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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