2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000032965

Entity Name: PERSONAL CARE MANAGEMENT SERVICES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1112 GOODLETTE RD SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1112 GOODLETTE RD SUITE 201
NAPLES, FL 34102

New Mailing Address:

NAPLES NURSING MANAGEMENT SERVICES, LLC
1112 GOODLETTE RD., SUITE 201
NAPLES, FL 34102

FEI Number: 20-1098442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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: TALANO, JAMES
Address: 3430 ANGUILLA WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TALANO, JAMES
Address: 1112 GOODLETTE RD., SUITE 201
City-St-Zip: NAPLES, FL 34102

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: JAMES J. TALANO SOL 04/25/2005

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