

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070636

FILED
Jul 03, 2005
Secretary of State

Entity Name: CMS OF SOUTHWEST FLA. LLC

Current Principal Place of Business:

2866 TAMIAMI TRAIL
SUITE E
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2866 TAMIAMI TRAIL
SUITE E
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 20-1673151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, STANLEY E JR
2866 TAMIAMI TRAIL
SUITE E
PORT CHARLOTTE, FL 33952 US

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/MANAGERS:

Title: MGRM () Delete
Name: WILSON, GLENN E
Address: 299 FERRIS DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Delete
Name: WILSON, AARON E
Address: 16154 CRONSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES:

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: GLENN E, WILSON

MGRM

07/03/2005

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