2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070636

Entity Name: CMS OF SOUTHWEST FLA. LLC

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2866 TAMIAMI TRAIL 199 FERRIS DRIVE NW

SUITE E PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

2866 TAMIAMI TRAIL 199 FERRIS DRIVE NW

SUITE E PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952

FEI Number: 20-1673151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, STANLEY E JR

2866 TAMIAMI TRAIL

199 FERRIS DRIVE NW

PORT CLARRIO THE FILE 20052 LICE

SUITE E PORT CHARLOTTE, FL 33952 US 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: STANLEY E, WILSON, JR. 04/30/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 WILSON, GLENN E
 Name:
 WILSON, GLENN E

 Address:
 299 FERRIS DRIVE
 Address:
 199 FERRIS DRIVE NW

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: WILSON, AARON E WILSON, AARON E

Address: 16154 CRONSTON AVE. Address: 16154 CRONSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33953 City-St-Zip: PORT CHARLOTTE, FL 33953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AARON E. WILSON MGRM 04/30/2006