

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055033

FILED
Feb 14, 2011
Secretary of State

Entity Name: CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

2232 ALTAMONT AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2232 ALTAMONT AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-4968228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGRM
Name: CAMELOT COMMUNITY CARE, INC
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGR
Name: ARIAS, VICTOR
Address: 3013 DEL PRADO SUITE #2
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR
Name: BUSBEE, BETTY
Address: 5901 BRIARCLIFF RD
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR
Name: GEISLER, MARK
Address: 13685 DOCTORS WAY SUITE 330
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR
Name: MORRISSETTE, PAUL
Address: 18701 SAN CARLOS BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: MGR
Name: RITROSKY JR, JOHN DR
Address: 917 SNOWBERRY LANE
City-St-Zip: SANIBEL, FL 33956 US

I hereby 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: MIKE DIBRIZZI

MGRM

02/14/2011

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