2006 NOT-FOR-PROFIT CORPORATION

Feb 15, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N01000001226 02-15-2006 90040 047 ****61.25 LIFE NETWORK OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 9488 P.O. BOX 9488 NAPLES, FL 34101 NAPLES, FL 34101 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01272006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3702247 City & State City & State Applied For Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JAMES C.JR. 9180 GALLERIA COURT Street Address (P.O. Box Number is Not Acceptable) STE. 700 NAPLES, FL 34109 City 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 Signative, is bed or printed pame of registered agent and the flappicable. SAIE (DOTE: Registered Agent's gratum regured when registating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11 TITLE TITLE Change ☐ Addition Delete BECKNER, RENEE 1.AME NAME 970 5TH AVE. NORTH STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST ZIP CITY-ST ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE HANSON, DIANE NAME NAME STREET ADDRESS 10611 TAMIAMI TRAIL N. STE. B-2 STREET ADDRESS CITY-ST-7IP NAPLES, FL 34108 CITY-ST-ZIF TITLE Delete ☐ Change ☐ Addition TITLE LAME ERICKSON, ROSEMARY STREET ADURESS 2903 TROPICANA BLVD. STREET ADORESS NAPLES, FL 34116 CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition SULLIVAN, KATHLEEN NAME STREET ADDRESS 230 ALBI STREET ADDRESS CITY-ST 7th CITY-ST-ZIP NAPLES, FL 34112 ☐ Change TITLE ☐ Delete TITLE Addition NAME CARTER, JOAN NAME 2081 W CROWN POINTE BLVD STREET ALIDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST ZIP

CITY+ST- ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-709

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAPLES, FL 34112

Nosurer SIGNATURE AND TOTAL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Saylore -more #

☐ Change

Addition

FILED