

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001226

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** LIFE NETWORK OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

230 ALBI  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9488  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-3702247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, JAMES C JR.  
9180 GALLERIA COURT  
STE. 700  
NAPLES, FL 34109 US

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

ADAMCZYK, STEVEN J ESQ.  
8950 FONTANA DEL SOL WAY  
STE. 100  
NAPLES, FL 34109 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: STEVEN J. ADAMCZYK, ESQ.

01/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BATES, JOHN  
Address: 1408 FOREST LAKES BLVD.  
City-St-Zip: NAPLES, FL 34105

Title: S  
Name: ERICKSON, ROSEMARY  
Address: 2903 TROPICANA BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: DP  
Name: SULLIVAN, KATHLEEN  
Address: 230 ALBI  
City-St-Zip: NAPLES, FL 34112

Title: DT  
Name: CARTER, JO AN  
Address: 2081 W CROWN POINTE BLVD  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JO AN CARTER

DT

01/26/2012

Electronic Signature of Signing Officer or Director

Date