

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003210

FILED
Jun 30, 2004
Secretary of State**Entity Name:** KIDS CARE OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**870 111TH AVENUE NORTH SUITE 1
NAPLES, FL 34108**New Principal Place of Business:**1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109**Current Mailing Address:**870 111TH AVENUE NORTH SUITE 1
NAPLES, FL 34108**New Mailing Address:**1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109**FEI Number:** 59-3717920**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD SUITE 320
FORT MYERS, FL 33919**Name and Address of New Registered Agent:**DIANA, MCLAUGHLIN
1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109

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: DIANA MCLAUGHLIN

06/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLAUGHLIN, DIANA
Address: 2130 MISSION DR.
City-St-Zip: NAPLES, FL 34109

Title: TSD () Delete
Name: MCLAUGHLIN, HUGH
Address: 2130 MISSION DR.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BARBA, FRANCES
Address: 1355 ILLINOIS DR.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCLAUGHLIN, DIANA
Address: 1236 POCANTICO LANE
City-St-Zip: NAPLES, FL 34110

Title: TSD (X) Change () Addition
Name: MCLAUGHLIN, HUGH
Address: 1236 POCANTICO LANE
City-St-Zip: NAPLES, FL 34110

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 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 an address, with all other like empowered.

SIGNATURE: DIANA MCLAUGHLIN

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date