2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003210

FILED Apr 24, 2006 Secretary of State

Entity Name: KIDS CARE OF SOUTHWEST FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1750 S.W. HEALTH PARKWAY NAPLES, FL 34109 **Current Mailing Address: 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCLAUGHLIN, DIANA Name: Name: Address: 1236 POCANTICO LANE Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: TSD () Delete Title: () Change () Addition MCLAUGHLIN, HUGH Name: Name: Address: 1236 POCANTICO LANE Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition BARBA, FRANCES Name: Name: Address: 1355 ILLINOIS DR. Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

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 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, MD PD 04/24/2006