


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03000000149</b> 1. Entity Name <b>SOUTHWEST FLORIDA BEHAVIORAL HEALTH, INC.</b>	
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Principal Place of Business <b>6075 GOLDEN GATE PKWY NAPLES, FL 34116</b>	Mailing Address <b>6075 GOLDEN GATE PKWY NAPLES, FL 34116</b>
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01052005 No Ctg-NP CR2E037 (10/03)

4. FEI Number <b>16-1647116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SCHIMMEL, DAVID 6075 GOLDEN GATE PKWY NAPLES, FL 34116</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JERRY 1700 EDUCATION AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUSTIS, JAN 2789 ORTIZ AVE FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, KEVIN 2101 MCGREGOR BLVD FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOSICK, JOE 601 W ALVERDEZ AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIMMEL, DAVID 6075 GOLDEN GATE PKWY NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/05 23955415**  
Date Daytime Phone #