

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000149

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA BEHAVIORAL HEALTH, INC.

**Current Principal Place of Business:**

6075 BATHEY LANE  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

6075 BATHEY LANE  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 16-1647116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIMMEL, DAVID  
6075 BATHEY LANE  
NAPLES, FL 34116 US

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

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:**

Title: S ( ) Delete  
Name: ROSS, GERRY  
Address: 1700 EDUCATION AVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete  
Name: WINTERS, DAVID  
Address: 2789 ORTIZ AVE  
City-St-Zip: FT MYERS, FL 33905

Title: PD ( ) Delete  
Name: LEWIS, KEVIN  
Address: 2101 MCGREGOR BLVD  
City-St-Zip: FT MYERS, FL 33901

Title: D ( ) Delete  
Name: SCHIMMEL, DAVID  
Address: 6075 BATHEY LANE  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SCHIMMEL

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date