# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2011**
**Secretary of State**

DOCUMENT# N03000000149

**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: D
Name: GLENN, JAY
Address: 1700 EDUCATION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: WINTERS, DAVID
Address: 2789 ORTIZ AVE
City-St-Zip: FT MYERS, FL 33905

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

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

Title: D
Name: HOSICK, JOSEPH
Address: 601 W. ALVARDEZ AVE
City-St-Zip: CLEWISTON, FL 33440

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: DAVID SCHIMMEL D 01/25/2011

Electronic Signature of Signing Officer or Director Date