

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

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90042 032 ****61.25

DOCUMENT # N03000006579

1. Entity Name
LONG TERM CARE HOSPITAL OF SW FLORIDA, INC.



Principal Place of Business
**9800 SOUTH HEALTH PARK DRIVE
SUITE 350
FORT MYERS, FL 33908**

Mailing Address
**9800 SOUTH HEALTH PARK DRIVE
SUITE 350
FORT MYERS, FL 33908**

DO NOT WRITE IN THIS SPACE



03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
20-0142675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DODSON, DOUGLAS A
9800 SOUTH HEALTH PARK DRIVE
SUITE 350
FORT MYERS, FL 33908**

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
**PD
BECKETT, JOHN T
2925 CORTEZ BOULEVARD
FORT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
REASONER, GARRETT H
15160 HAROUR ISLE DR #402
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
EDWARDS, SUZANNE H
14581 HEADWATER BAY LN
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/19/05

Date

239-489-0023

Daytime Phone #