

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006579

FILED  
Feb 09, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0142675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DODSON, DOUGLAS A  
9800 SOUTH HEALTH PARK DRIVE  
SUITE 350  
FORT MYERS, FL 33908 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: CEO ( ) Delete  
Name: NOLAND, JOHN  
Address: 1715 MONROE ST  
City-St-Zip: FORT MYERS, FL 33902

Title: TD ( ) Delete  
Name: REASONER, GARRETT H  
Address: 15160 HAROUR ISLE DR #402  
City-St-Zip: FORT MYERS, FL 33908

Title: DS ( ) Delete  
Name: STRAYHORN, E. BRUCE  
Address: 2126 FIRST ST., SUITE 200  
City-St-Zip: FORT MYERS, FL 33901

Title: DVC ( ) Delete  
Name: ADAMS, DANIEL F  
Address: 2180 W FIRST ST., SUITE 212  
City-St-Zip: FORT MYERS, FL 33901

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

Title: DC (X) Change ( ) Addition  
Name: NOLAND, JOHN  
Address: 1715 MONROE ST  
City-St-Zip: FORT MYERS, FL 33902

Title: DT (X) Change ( ) Addition  
Name: REASONER, GARRETT H  
Address: 15160 HAROUR ISLE DR #402  
City-St-Zip: FORT MYERS, FL 33908

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 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: JOHN NOLAND

DC

02/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date