

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 032 ****61.25

DOCUMENT # N06000008462 1. Entity Name PDCA OF SOUTHWEST FLORIDA, INC.																																																																																																																																							
Principal Place of Business 1821 RICHARDS STREET NAPLES, FL 34120		Mailing Address 5477 YAH! ST. UNIT 9 NAPLES, FL 34109 <i>Chang</i>																																																																																																																																					
2. Principal Place of Business - No P.O. Box # <i>1130 25th St SW</i>		3. Mailing Address <i>1130 25th St SW</i>																																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																					
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>																																																																																																																																					
Zip <i>34117</i>		Zip <i>34117</i>																																																																																																																																					
Country <i>Collier</i>		Country <i>Collier</i>																																																																																																																																					
4. FEI Number NOT APPLICABLE		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																																					
		\$5.00 May Be Added to Fees																																																																																																																																					
		Make check payable to Florida Department of State																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Debra Ritter</i> <i>3/10/08 239-513-9831</i>																																																																																																																																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																							