

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008462

FILED
Apr 23, 2009
Secretary of State

Entity Name: PDCA OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1130 25TH ST SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

1130 25TH ST SW
NAPLES, FL 34117

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: PP () Delete
Name: RITTER, DEBBIE
Address: 5477 YAHL ST.
City-St-Zip: NAPLES, FL 34109

Title: P () Delete
Name: EULER, TOM
Address: 38 MADISON DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: NELSON, TROY
Address: 2280 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: CASTILLO, CAROL
Address: 1130 25TH ST SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MOORE, TIM
Address: 1821 RICHARDS STREET
City-St-Zip: NAPLES, FL 34120

Title: DT (X) Change () Addition
Name: CASTILLO, CAROL
Address: 1130 25TH ST SW
City-St-Zip: NAPLES, FL 34117

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: DEBBIE RITTER

PP

04/23/2009

Electronic Signature of Signing Officer or Director

Date