2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N48083

Entity Name: QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3210 DR MARTIN LUTHER KING JR BLVD
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 1290
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0321309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBELINI, MARK A ESQ
KNOTT, CONSOER, EBELINI, HART & SWETT, P.A
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 33901 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	( ) Delete
Name:	BARNES, CHARLES	
Address:	14750 BEN C. PRATT-SIX MILE CYPRESS PKWY	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	SD	( ) Delete
Name:	BRUNDIDGE, VANESSA J	
Address:	C/O 24031 S. TAMIAMI TRAIL	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	CD	( ) Delete
Name:	MILLAR, KENNETH	
Address:	10501 FGCU BLVD. S., AB5	
City-St-Zip:	FORT MYERS, FL 33965	
Title:	D	( ) Delete
Name:	SAUNDERS, CHARLES	
Address:	1229 EL DORADO PARKWAY SE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	TD	( ) Delete
Name:	DOUGLASS, LUCKETT	
Address:	12876 PASTURES WAY	
City-St-Zip:	FORT MYERS, FL 33913	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THOMAS, DILMAN	
Address:	13515 BELL TOWER DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MARK A. EBELINI RA 02/18/2009
Electronic Signature of Signing Officer or Director — Date