2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# N99000002477

Entity Name: ATWELL CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

5647 NAPLES BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5647 NAPLES BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3579247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILITZKE, PATRICIA
6118 THRESHER DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

BILITZKE, PATRICIA
27264 BUCCANEER DRIVE
BONITA SPRINGS, FL 34135 US

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: MELISSA LERMA 10/25/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: BILITZKE, PATRICIA
Address: 6118 THRESHER DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: RAWSON, JEAN
Address: 400 5TH AVE S. #300
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: BOORSTIN, JAMES
Address: 680 2ND AVE N
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MUELLER, JAMIE
Address: 2233 45 STREET SW
City-St-Zip: NAPLES, FL 341166327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: BILITZKE, PATRICIA
Address: 27264 BUCCANEER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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

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 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 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: PATRICIA BILITZKE D 10/25/2004
Electronic Signature of Signing Officer or Director Date