2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
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
27264 BUCCANEER DRIVE
BONITA SPRINGS, FL 34135 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:	PDST	( ) Delete
Name:	BILITZKE, PATRICIA	
Address:	27264 BUCCANEER DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: PATRICIA BILITZKE PSDT 02/03/2006

Electronic Signature of Signing Officer or Director — Date