

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050236

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL CASE MANAGEMENT OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2525 HARBOR BLVD.  
312  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

5865 HARRISON ROAD  
VENICE, FL 34293

**Current Mailing Address:**

5865 HARRISON ROAD  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 65-1024286      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THIMM, SALLY  
5865 HARRISON ROAD  
VENICE, FL 34293      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THIMM, SALLY  
Address: 5865 HARRISON ROAD  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY E. THIMM

PRES

05/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date