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Jun 30, 2004 8:00 am
Secretary of State
05-10-2004 90479 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101587

1. Entity Name
GABA OF SOUTHWEST FLORIDA, INC.

66429225

Principal Place of Business	Mailing Address
2771 TEAL COURT ST. JAMES CITY, FL 33956	2771 TEAL COURT ST. JAMES CITY, FL 33956

02282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
78 Second Street	78 Second Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburn, ME	City & State: Auburn, ME
Zip: 04210 Country:	Zip: 04210 Country:

4. FEI Number: 59-3750819 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVITRE, JOHN
2771 TELA COURT
ST. JAMES CITY, FL 33956

7. Name and Address of New Registered Agent

Name: Michael Rubenstein
Street Address (P.O. Box Number is Not Acceptable): ~~78 Second Street~~ Fountain Court
~~Auburn, ME 04210~~ 8270-201 College Parkway
City: Ft Myers FL Zip Code: 33919

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael R. Rubenstein

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITRE, JOHN CRNA 2771 TEAL COURT ST. JAMES CITY, FL 33956	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	78 Second Street Auburn, ME 04210	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-3-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

207-783-0561