## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097403

FILED Apr 16, 2009 Secretary of State

Entity Name: PROFESSIONAL COMMUNITY SERVICE OF SOUTH WEST FLORIDA, INC

**Current Principal Place of Business: New Principal Place of Business:** 2310 DELLA DRIVE NAPLES, FL 34117 US **Current Mailing Address: New Mailing Address:** P>O> BOX 110156 P.O. BOX 110156 NAPLES, FL 34108 US NAPLES, FL 34108 US FEI Number: 20-8146029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, WILLIAM D WHITE, WILLIAM D 2310 DÉLLA DRIVE 2310 DÉLLA DRIVE NAPLES, FL, FL 34117 US NAPLES, FL 34117 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: 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WHITE, WILLIAM D Name: Name: 2310 DELLA DRIVE Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: ( ) Delete Title: VP/D Title: () Change () Addition DESMOND-WHITE, CYNTHIA M Name: Name: 2310 DELLA DRIVE Address: Address: NAPLES, FL 34117 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: WILLIAM D. WHITE 04/16/2009