

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055033

**Entity Name:** CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, L.L.C.**Current Principal Place of Business:**2232 ALTAMONT AVENUE  
FT. MYERS, FL 33901**Current Mailing Address:**2232 ALTAMONT AVENUE  
FT. MYERS, FL 33901**FEI Number:** 20-4968228**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title MGRM  
Name CAMELOT COMMUNITY CARE, INC  
Address 4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title MGR  
Name ARIAS, VICTOR  
Address 3013 DEL PRADO SUITE #2  
City-State-Zip: CAPE CORAL FL 33904

Title MGR  
Name BUSBEE, BETTY  
Address 5901 BRIARCLIFF RD  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name GEISLER, MARK  
Address 13685 DOCTORS WAY SUITE 330  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name MORRISSETTE, PAUL  
Address 18701 SAN CARLOS BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MGR  
Name RITROSKY JR, JOHN DR  
Address 917 SNOWBERRY LANE  
City-State-Zip: SANIBEL FL 33956

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKE DIBRIZZI

MGRM

03/08/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date