

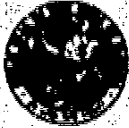
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739018 (0)**

1. Corporation Name  
**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business      Mailing Address

**1620 MEDICAL LANE  
P.O. BOX 1357  
FT. MYERS FL 33902**

**1620 MEDICAL LANE  
P.O. BOX 1357  
FT. MYERS FL 33902**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/13/1977**      **07/19/1994**

4. FEI Number      Applied For / Not Applicable  
**59-1741273**

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

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**HAMRIC, LALAI S.  
1620 MEDICAL LANE  
FT. MYERS FL 33902**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

05 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, JACQUELINE W	1.2 NAME	Williams, Margaret
STREET ADDRESS	2200 SECOND STREET	1.3 STREET ADDRESS	625 Howell's Circle Court
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL 33905
TITLE	D	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, LOVIE JR	2.2 NAME	Wells, Lovie Jr
STREET ADDRESS	2263 MAIN ST	2.3 STREET ADDRESS	174 Connecticut Ave.
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft Myers, FL 33905
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, ALICE	3.2 NAME	Brubaker-Thomas, Alice
STREET ADDRESS	411 SW 3RD ST #A	3.3 STREET ADDRESS	PO Box 151745 (NA)
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FFL 33915-1745
TITLE	VC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, JUDY	4.2 NAME	
STREET ADDRESS	2162 MARAVILLA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, MARJORIE ANN	5.2 NAME	
STREET ADDRESS	2055 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, BRIAN	6.2 NAME	
STREET ADDRESS	2442 MARTIN L. KING BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lalai S Hamric*      *Lovie Wells, Jr.*      3-27-95      813 278 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Anytime After 1)

**LALAI S HAMRIC**      **Lovie Wells, Jr.**

739018

T/D

Maxie Richardson  
2018 Lighthouse Court  
LaBelle, FL 33935

D

Marvin L. Metheny, CPA  
1635 Hendry St.  
Fort Myers, FL 33901

T/D

Willie Trevino                      Addition  
P.O. Box 1775 (NAJ)  
Immokalee, FL 33934

D

Zoila Martinez  
479 Michigan Links  
Tice, FL 33916

D

Kimberley Shank                      Addition  
1110 NE 13th Place  
Cape Coral, FL 33909

739018

Internal Revenue Service  
District Director

Department of the Treasury

Date: APR 9 1980

Our Letter Dated:  
March 13, 1978  
Person to Contact:  
P. Dewey  
Contact Telephone Number:  
904 791-2636

Lee County Migrant Health Council, Inc.  
1857 High St.  
Fort Myers, FL 33901

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section                      \* Your exempt status under section 501(c)(3) of the code is still in effect. \*509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

*Charles O. DeWitt*

District Director

RECEIVED  
APR 11 1980  
INTERNAL REVENUE SERVICE