

**FILE NOW: FILING FEE IS \$61.25**

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthoin Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739018 (0)**

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



Principal Place of Business <b>1620 MEDICAL LANE                  P.O. BOX 1357                  FT. MYERS FL 33902</b>	Mailing Address <b>1620 MEDICAL LANE                  P.O. BOX 1357                  FT. MYERS FL 33902</b>
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3. Date Incorporated or Qualified <b>05/13/1977</b>	3a. Date of Last Report <b>04/26/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1741273</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>400001798024</b>
83	<b>-04/29/96--01024--029</b>
84 City	<b>***61.25</b>
85 Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Judy Peck* (NOTE: Registered Agent signature required when reinstating) DATE: **4-3-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBBARD, JACQUELINE W</b>	1.2 NAME	
STREET ADDRESS	<b>2200 SECOND STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, LOVE J</b>	2.2 NAME	<b>WELLS, Lorie, Jr.</b>
STREET ADDRESS	<b>174 CONNECTICUT AVE.</b>	2.3 STREET ADDRESS	<b>174 Connecticut Ave</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>Ft. Myers, Fl 33905</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUBAKER-THOMAS, ALICE</b>	3.2 NAME	
STREET ADDRESS	<b>P. O. BOX 151745 (N/A)</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PECK, JUDY</b>	4.2 NAME	<b>Judy Peck</b>
STREET ADDRESS	<b>2162 MARAVILLA LANE</b>	4.3 STREET ADDRESS	<b>2162 Maravilla Lane</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	4.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33901</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VC/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRY, MARJORIE ANN</b>	5.2 NAME	<b>Barry, Marjorie Ann</b>
STREET ADDRESS	<b>2055 CENTRAL AVE</b>	5.3 STREET ADDRESS	<b>2903 Valencia Way</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	5.4 CITY-ST-ZIP	<b>Ft. Myer, Fl 33901</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAIG, BRIAN</b>	6.2 NAME	<b>QEB</b>
STREET ADDRESS	<b>2442 MARTIN L. KING BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	6.4 CITY-ST-ZIP	<b>4-26-96</b>

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 119.07(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, changed, or on an appointment with an address.

SIGNATURE: *Judy Peck* DATE: **4-3-96** DAYTIME PHONE: **941/298-3600**

CR2E037 (12/95)

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**(CON'T) 1996 FAMILY HEALTH CENTERS BOARD OF DIRECTORS**

S/D

Maxie Richardson  
2018 Lighthouse Court  
LaBelle, FL 33935

T/D

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

D

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

D

Zoila Martinez  
479 Michigan Links  
Tice, FL 33916

D

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

D

Kimberly Fioramanti                      Addition  
11200 Orangewood Dr.  
Bonita Springs, FL 33923

D

Shirley Dooley                              Addition  
PO Box 116 (NA)  
LaBelle, FL 33935