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Apr 08 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 1620 MEDICAL LANE  
P.O. BOX 1357 P.O. BOX 1357  
FT. MYERS FL 33902 FT. MYERS FL 33902-1357

3. Date Incorporated or Qualified 05/13/1977 3a. Date of Last Report 04/26/1996  
4. FEI Number 59-1741273 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *Lalai S. Hamric* DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
CD PECK, JUDY 2162 MARAVILLA LANE FT MYERS FL 33901  
D WELLS, LORIE JR 174 CONNECTICUT AVE. FT. MYERS FL  
D BRUBAKER-THOMAS, ALICE P. O. BOX 151745 (NA) CAPE CORAL FL  
VCD BERRY, MARJORIE ANN 2903 VALENCIA WAY FT MYERS FL 33901  
D CRAIG, BRIAN 2442 MARTIN L. KING BLVD FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE D Wells, Lovie Jr  
2.2 NAME  
2.3 STREET ADDRESS 174 Connecticut Ave.  
2.4 CITY-ST-ZIP Ft. Myers, FL 33905  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)

**(CON'T) 1997 FAMILY HEALTH CENTERS BOARD OF DIRECTORS**

**T/D**

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

**D**

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

**D**

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

**D**

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

**D**

**Zoila Martinez  
479 Michigan Links  
Tice, FL 33916**

**D**

**Gary Lounsberry                    Addition  
1538 Reynard  
Ft. Myers, FL 33919**

**D**

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