


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90163 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739018**

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

87886-90163-44

Principal Place of Business 1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902	Mailing Address 1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1741273
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME PECK, JUDY		1.2 NAME	
STREET ADDRESS 2162 MARAVILLA LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33901		1.4 CITY-ST-ZIP	
TITLE VCD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME METHENY, MARVIN		2.2 NAME	
STREET ADDRESS 1635 HENDRY STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33901		2.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME BERRY, MARJORIE ANN		3.2 NAME	
STREET ADDRESS 2903 VALENCIA WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33901		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME FIORAMANTI, KIM		4.2 NAME	
STREET ADDRESS 11218 TANGELO TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME LOUNSBERRY, GARY		5.2 NAME	
STREET ADDRESS 1538 REYNARD DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME FRITTS, JOHN		6.2 NAME	
STREET ADDRESS 2201 SECOND STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33901		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: MARJORIE ANN BERRY 1-27-99 941/278-3600

ATTACHMENT

(CON'T - BLOCK 13)

Family Health Centers of Southwest Florida, Inc.  
Board of Directors

**FILED**  
**Feb 20, 1999 8:00 am**  
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D  
Dooley, Shirley  
111 Curry St.  
LaBelle, FL 33935

D  
Martinez, Zoila  
1655-D Marsh Avenue  
Fort Myers, FL 33905

D  
Matteson, Cynthia  
208 North Richmond Avenue  
Lehigh Acres, FL 33972

D  
Thompson, Ken  
403-D Joan Avenue  
Lehigh Acres, FL 33971

D  
Stephens, Vera  
3204 C Street  
Fort Myers, FL 33916

D  
Trevino, Willie Jr.  
PO Box 1777  
Immokalee, FL 33934