

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90110 013 \*\*\*\*61.25

**DOCUMENT # 739018**

1. Entity Name

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1741273**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

*Lalai S. Hamric*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/02

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUNSBERRY, GARY	
STREET ADDRESS	1538 REYNARD DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	METHENY, MARVIN	
STREET ADDRESS	1470 ROYAL PALM SQUARE BLVD	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	FRITTS, JOHN	
STREET ADDRESS	P O BOX 2939	
CITY-ST-ZIP	FORT MYERS FL 33902-2939	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, KEN	
STREET ADDRESS	1150 LEE BLVD., SUITE 1A	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOUNSBERRY, GARY	
STREET ADDRESS	1538 REYNARD DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRITTS, JOHN	
STREET ADDRESS	2201 SECOND STREET	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUNSBERRY, GARY	
STREET ADDRESS	1538 REYNARD DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITTS, JOHN	
STREET ADDRESS	P.O. BOX 2939	
CITY-ST-ZIP	FORT MYERS, FL 33902-2939	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, KEN	
STREET ADDRESS	1150 LEE BLVD., SUITE 1A	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY, SHIRLEY	
STREET ADDRESS	P. O. BOX 899	
CITY-ST-ZIP	LABELLE, FL 33975	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)