


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739018**  
 1. Entity Name  
**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**2256 HEITMAN ST.**      **P.O. BOX 1357**  
**FORT MYERS, FL 33901**      **FORT MYERS, FL 33902**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP      CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent  
**HAMRIC, LALAI S.**  
**2256 HEITHAN ST.**  
**FORT MYERS, FL 33901**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, SHARON 1470 ROYAL PALM SQ BLVD FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, LEE 9101 COLLEGE POINTE CT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, LEE 741 BENTLEY ST. LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, JUDY 2162 MARAVILLA LANE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ZOILA 1655 D KARSH AVE. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000410159  
 02/09/06-80022-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Lalai S. Hamric  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #