

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

FILED
May 12, 2010
Secretary of State

Entity Name: FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2256 HEITMAN ST.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1357
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-1741273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMRIC, LALAI S.
2256 HEITHAN ST.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MAZZEO, JR., FRANK DR.
2256 HEITHAN ST.
FORT MYERS, FL 33901 US

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: DR. FRANK MAZZEO, JR.

05/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: GOLDEN, LEE
Address: 2247 FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: SD
Name: HERNANDEZ, ISHMAEL
Address: 3681 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: D
Name: MARTINEZ, ZOILA
Address: 1655-D MARSH AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: THOMPSON, KENNETH
Address: 1150 LEE BLVD SUITE 1A
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE GOLDEN

D

05/12/2010

Electronic Signature of Signing Officer or Director

Date