

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

FILED
Mar 15, 2011
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: SEC
Name: JONES, CATHY
Address: 358 MELODY COURT
City-St-Zip: FORT MYERS, FL 33916

Title: TR
Name: DAVIS, STEVE
Address: 1470 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: THOMPSON, KENNETH
Address: 1150 LEE BLVD SUITE A
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

CHR

03/15/2011

Electronic Signature of Signing Officer or Director

Date