2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90121 023 ****61.25

DOCUMENT # 739018

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

Principal Place of Business	Mailing Address
~~1620 MEDICAL LANE~~ ~~P.O. BOX 1357~~ FT. MYERS FL 33902	~~1620 MEDICAL LANE~~ ~~P.O. BOX 1357~~ FT. MYERS FL 33902

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2256 HEITHAN ST.	2256 HEITHAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers Fl.	City & State: Ft. Myers. Fl.
Zip: 33901 Country:	Zip: 33901 Country:

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

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

6. Name and Address of Current Registered Agent

HAMRIC, LALAI S.
~~1620 MEDICAL LANE~~ 2256 HEITHAN ST.
FT. MYERS FL ~~33902~~ 33901

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOUNSBERRY, GARY 1538 REYNARD DRIVE FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD DOLEY, SHIRLEY PO BOX 899 LEHEIHG FL 33973	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, KEN 1150 LEE BLVD., SUITE 1A LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUNSBERRY, GARY 1538 REYNARD DRIVE FT. MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRITTS, JOHN 2201 SECOND STREET FT. MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 PERSON, OFFICER OR DIRECTOR