FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

3a. Date of Last Report

01/31/1996

3. Date Incorporated or Qualified

07/28/1993

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NS

Principal Place of Business

9981 HEALTHPARK CIRCLE

SIGNATURE:

FT. MYERS FL 27

N93000002854 (8)

U\$

Mailing Address

9961 HEALTHPARK CIRCLE 153 FT. MYERS FL 33908-3618

HEALTH EDUCATION CENTER OF S.W. FLORIDA, INC.

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	r	
1		26			65-0426978 Not Applica	able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	コ	
23		28			Trust Fund Contribution	l	
Zip	Country	Zip Cou			8. This corporation has liability for intangible tax under s. 199.032	<u>2,</u>	
24 25 29 30			o] _	Florida Statutes Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				Robert C. McCurdy			
ECKERTY, THOMAS			6:	62 Street Address (P.O. Box Number is Not Acceptable)			
12734 KENWOOD LN #89			<u> </u>	c/o Le	o Lee Memorial Health System		
FT. MYERS FL 33907				2776 Cleveland Avenue			
				94 City es Zin Code			
				Fort M	lvers FL 33901		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors. I bereby accept the appointment as registered							
11. Pursuant to the provisions of Sections 6; 7.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Elerida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I'am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	Color	KOBERT C.1	40 ci	320 X	2-10-7		
Signative, typed or printed name of registered again, and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		D DINECTORS DELETE	13.		Change Add	ition	
NAME			1.2 NAMI				
	ROBINSON, DAVID 5668 JEREZ CT.			ET ADDRESS			
STREET ADDRESS CITY-ST-2IP			1.4 CITY			- 1	
TITLE	n	DELETE 2.1			☐ Change ☐ Add	lition	
NAME	O		2.2 NAM			i	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		•	ET ADDRESS		j	
CITY-ST-ZIP			2.4 CITY			- 1	
TITLE	D	ne, ere			Change Add	ition	
NAME			3.2 NAM			Ì	
STREET ADDRESS				et address			
CITY-ST-ZIP	FT MYERS FL		3.4. CITY	-ST-ZIP	·		
TITLE	0	☐ DELETE	4.1 THTLE	T	Change Add	ition	
NAME	ODEOMON, GENE		4. 2 NAM	Solomon, Gene 1342 Colonial Blvd., Suite 11			
STREET ADDRESS	TO IE COEOTAIN OF OFTEN THE		4.3 STRE			į	
CITY-ST-ZIP	FT. MYERS FL				Fort Myers, FL 33907		
TITLE	D	DELETE 5.11		F	Change Add	ITION	
NAME	MCFADDEN, JAMES			[17.	AcFadden, James	ļ	
STREET ADDRESS	ODDO COLLEGE I KII I I O II			ET ADDRESS 8	ouou Conege rarkway, b.w.		
CITY-ST-ZIP	FT. MYERS FL 33919				Fort Myers, FL 33919	ition	
TITLE	D		6.1 TITLE			luon	
NAME OTDEST LDODGES	PUHALLA, JOYCE		6.2 NAMI	- 1		}	
STREET ADDRESS	9981 HEALTHPARK CIRCLE			ET ADDRESS			
CiTY-ST-ZIP	FT. MYERS FL 33908 ov certify that the information supplie	d with this filing does not qualify	6.4 CITY for the ex		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the		
14. I do 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 annual report or supplemental annual 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 12 or Block 12 or Block 12 or Block 12 or Block 13 if changed or on an affactorient with an address.							
appears in Block 12 or Block 13 if changed, or on an anachment with an address.							

1/29/97

(941) 489-0100

NONPROFIT CORPORATION ANNUAL REPORT - Health Education Center of S.W. Florida, Inc.

Continuation of Additions/Changes to Officers and Directors in 12: 13.

Dr. Ken Backstrand

Director

24 Winewood Road

Fort Myers, FL 33919

John T. Beckett

Director

16201 Bass Road

Fort Myers, FL 33908

Susan Bennett

Secretary

8660 College Parkway, S.W.

Fort Myers, FL 33919

Joseph Catti

Vice President

8060 College Parkway, S.W.

Fort Myers, FL 33919

Elaine Hawkins

Director

12800 University Drive, Suite 260

Fort Myers, FL 33907

Bobbie D'Alessandro

Director

2055 Central Avenue

Fort Myers, FL 33901-3988

Thomas G. Fewster

Director

6643 Joanna Circle

Fort Myers, FL 33919

Carole Green

Director

5260 S. Landings Drive, #1601

Fort Myers, FL 33919

Director

1620 Medical Lane

Lalai S. Hamric

Fort Myers, FL 33907

Director

Dr. Elizabeth O. Harmon 2523 Market Street

Fort Myers, FL 33901

Pat Taylor

2776 Cleveland Avenue • Fort Myers, FL 33901

Director

Gary Hudson

2776 Cleveland Avenue Fort Myers, FL 33901

Director

Steven Personette

1520 Lee Street

Fort Myers, FL 33901

Director

Steve Pontius

3719 Central Avenue Fort Myers, FL 33901 Director

David L. Tucker

12751 S. Cleveland Avenue

Fort Myers, FL 33907

Vice President