

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthoin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739018 (0)
1. Corporation Name
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.



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

Mailing Address
1620 MEDICAL LANE
P.O. BOX 1357
FT. MYERS FL 33902

3. Date Incorporated or Qualified 05/13/1977
3a. Date of Last Report 04/26/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number 59-1741273
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMRIC, LALAI S.
1620 MEDICAL LANE
FT. MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400001798024
-04/29/96--01024--029
84 City ***61.25
85 Zip Code FL

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 office or registered agent, or both, in the State of Florida. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HUBBARD, JACQUELINE W
STREET ADDRESS 2200 SECOND STREET
CITY-ST-ZIP FT MYERS FL

TITLE CD ☐ DELETE
NAME WELLS, LOVE J
STREET ADDRESS 174 CONNECTICUT AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE
NAME BRUBAKER-THOMAS, ALICE
STREET ADDRESS P. O. BOX 151745 (N/A)
CITY-ST-ZIP CAPE CORAL FL

TITLE VC ☐ DELETE
NAME PECK, JUDY
STREET ADDRESS 2162 MARAVILLA LANE
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE
NAME BERRY, MARJORIE ANN
STREET ADDRESS 2055 CENTRAL AVE
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE
NAME CRAIG, BRIAN
STREET ADDRESS 2442 MARTIN L. KING BLVD
CITY-ST-ZIP FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME WELLS, Lorie, Jr.
2.3 STREET ADDRESS 174 Connecticut Ave
2.4 CITY-ST-ZIP Ft. Myers, FL 33905

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME C/D Judy Peck
4.3 STREET ADDRESS 2162 Maravilla Lane
4.4 CITY-ST-ZIP Ft. Myers, FL 33901

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VC/D Barry, Marjorie Ann
5.3 STREET ADDRESS 2903 Valencia Way
5.4 CITY-ST-ZIP Ft. Myer, FL 33901

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13, changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

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(CON'T) 1996 FAMILY HEALTH CENTERS BOARD OF DIRECTORS

S/D

Maxie Richardson
2018 Lighthouse Court
LaBelle, FL 33935

T/D

Marvin L. Metheny, CPA
1635 Hendry St.
Fort Myers, FL 33901

D

Willie Trevino
P.O. Box 1775 (NA)
Immokalee, FL 33934

D

Zoila Martinez
479 Michigan Links
Tice, FL 33916

D

Kimberley Shank
1110 NE 13th Place
Cape Coral, FL 33909

D

Kimberly Fioramanti Addition
11200 Orangewood Dr.
Bonita Springs, FL 33923

D

Shirley Dooley Addition
PO Box 116 (NA)
LaBelle, FL 33935