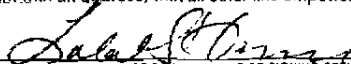


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 739018		
1. Entity Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 2256 HEITMAN ST. FORT MYERS, FL 33901	Mailing Address P.O. BOX 1357 FORT MYERS, FL 33902	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAMRIC, LALAI S. 2256 HEITHAN ST. FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
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 _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, SHARON 1470 ROYAL PALM SQ BLVD FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, LEE 9101 COLLEGE POINTE CT FT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, LEE 741 BENTLEY ST. LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, JUDY 2162 MARAVILLA LANE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ZOILA 1655 D KARSH AVE. FORT MYERS, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1741273	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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02/09/06-80022-024 61.25

**DO NOT WRITE
IN THIS SPACE**

Date

Daytime Phone #