

# 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 1367~~  
FT. MYERS FL 33902

~~1020 MEDICAL LANE~~  
~~P.O. BOX 1367~~  
FT. MYERS FL 33902

2. Principal Place of Business

**2256 HEITHAN ST.**

3. Mailing Address

**2256 HEITHAN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Myers FL.**

City & State

**Ft. Myers FL.**

Zip

Country

**33901**

Zip

Country

**33901**

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

7. Name and Address of New Registered Agent

**HAMRIC, LALAI S.**

~~1620 MEDICAL LANE~~ **2256 HEITHAN ST.**  
~~FT. MYERS FL 33902~~ **33901**

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 ☐ Delete  
NAME **TD**  
STREET ADDRESS **LOUNSBERRY, GARY**  
CITY-ST-ZIP **1538 REYNARD DRIVE**  
**FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VCD**  
STREET ADDRESS **DOLEY, SHIRLEY**  
CITY-ST-ZIP **PO BOX 899**  
**LEHIGH FL 33973**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **THOMPSON, KEN**  
CITY-ST-ZIP **1150 LEE BLVD., SUITE 1A**  
**LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LOUNSBERRY, GARY**  
CITY-ST-ZIP **1538 REYNARD DRIVE**  
**FT. MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **FRITTS, JOHN**  
CITY-ST-ZIP **2201 SECOND STREET**  
**FT. MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

CR2E037 (10/02)