

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

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

Current Principal Place of Business:

2256 HEITMAN ST.
FORT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 1357
FORT MYERS, FL 33902

FEI Number: 59-1741273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZZEO, JR., FRANK DR.
2256 HEITHAN ST.
FORT MYERS, FL 33901 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN
Name DAVIS, STEVE
Address 1470 ROYAL PALM SQUARE BLVD.
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name BARFIELD, JAMES
Address 12021 BARFIELD ROAD
City-State-Zip: IMMOKALEE FL 34142

Title SECRETARY
Name LAUKEMPER, LITA
Address 15481-2 ADMIRALTY CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title IMMEDIATE PAST CHAIRMAN
Name GOLDEN, R. LEE
Address 2247 FIRST STREET
City-State-Zip: FORT MYERS FL 33901

Title CEO
Name MAZZEO, JR., FRANK
Address 2256 HEITMAN STREET
City-State-Zip: FORT MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. FRANK MAZZEO, JR.

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date