

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

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

Current Principal Place of Business:

1926 VICTORIA AVE
FORT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 1357
FORT MYERS, FL 33902

FEI Number: 59-1741273

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

Title CHAIRMAN
Name EPIFANIO, PATRICIA
Address 9755 CATTAIL CT
City-State-Zip: FORT MYERS FL 33905

Title VC
Name HENDRY, BETH
Address 7777 WOODBEND CRICLE
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY
Name MELHADO, LOLITA
Address 11948 FIVE WATERS CIRCLE
City-State-Zip: FORT MYERS FL 33913

Title TREASURER
Name MUNZERT, MICHAEL
Address 2134 JEFFRCOTT STREET
City-State-Zip: FORT MYERS FL 33901

Title CFO
Name DANIEL , GRIFFITH
Address 10230 ASHBROOK COURT
City-State-Zip: FORT MYERS FL 33913

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: DANIEL GRIFFITH

CFO

03/30/2023

Electronic Signature of Signing Officer/Director Detail

Date