

**2024 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:** No

**Name and Address of Current Registered Agent:**

MAZZEO, JR., FRANK DR.  
1926 VICTORIA AVE  
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        1926 VICTORIA AVE  
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**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date