

2020 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: 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 CHAIRMAN
Name MCCANN, LEAH
Address 7920 SUMMER LAKE CT
City-State-Zip: FORT MYERS FL 33907

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

Title TREASURER
Name GOLDEN, LEE
Address 1348 ALHAMBRA DRIVE
City-State-Zip: FORT MYERS FL 33901

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

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: FRANK MAZZEO, JR.

CEO

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date