

**2013 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            CHR  
Name            GOLDEN, LEE  
Address        2247 FIRST ST  
City-State-Zip: FORT MYERS FL 33901

Title            SEC  
Name            JONES, CATHY  
Address        358 MELODY COURT  
City-State-Zip: FORT MYERS FL 33916

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

*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: LEE GOLDEN**

**CHAIRMAN**

**03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date