

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739018

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

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC2670666845**

**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 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 DAVIS, STEVEN M  
Address 1470 ROYAL PALM SQUARE BLVD.  
City-State-Zip: FORT MYERS FL 33919

Title TREASURER  
Name MCGREGOR, JAY  
Address 9101 COLLEGE POINT CT.  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY  
Name CULBERTSON, VERONICA  
Address 1400 COLONIAL BLVD.  
250  
City-State-Zip: FORT MYERS FL 33907

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 DR.  
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.**

**PRESIDENT & CEO**

**03/24/2016**

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

\_\_\_\_\_  
Date