

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

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

FILED
Apr 27, 2018
Secretary of State
CC6187570352

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 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: MAZZEO, JR. , FRANK , DR

CEO

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date