

2022 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	SECRETARY
Name	EPIFANIO, PATRICIA
Address	9755 CATTAIL CT
City-State-Zip:	FORT MYERS FL 33905

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

Title	TREASURER
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****03/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date