

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000665

Entity Name: SOUTHWEST FLORIDA DISASTER MEDICAL TEAM INC

Current Principal Place of Business:

608 SE 30 LANE
CAPE CORAL, FL 33904

Current Mailing Address:

608 SE 30 LANE
CAPE CORAL, FL 33904 US

FEI Number: 46-0486829

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOTTSCHALK, BRUCE L
608 SE 30 LANE
CAPE CORAL, FL 33904 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 SEC.
Name BOWLES, CONNIE L
Address 1153 SE 32ND TERRACE
City-State-Zip: CAPE CORAL FL 33904

Title PRES
Name HENDRICKSON, ROBERT
Address 3300 SCENIC VIEW DRIVE
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER
Name GOTTSCHALK, BRUCE
Address 608 SOUTH EAST 30TH LANE
City-State-Zip: CAPE CORAL FL 33904

Title VP
Name CALAMARI, JAMES
Address 6989 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

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: BRUCE GOTTSCHALK

TREAS.

03/10/2018

Electronic Signature of Signing Officer/Director Detail

Date