

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48083

**Entity Name:** QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**3210 DR MARTIN LUTHER KING JR BLVD  
FT MYERS, FL 33916**Current Mailing Address:**P.O. DRAWER 1290  
FORT MYERS, FL 33902**FEI Number:** 65-0321309**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBELINI, MARK  
1625 HENDRY STREET  
3RD FLOOR  
FT 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:** MARK EBELINI

02/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name MUHAMMED, AH  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title TREASURER  
Name MOES, JEFFREY  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title CHAIRMAN  
Name HAAS, MARTIN  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name RUSSELL, STEPHEN  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name HORTON, J. WEBB  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name HUETHER, VIRGINIA  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name EASON, LOUIS  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name DETILLIO, JOSHUA  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

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*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:** AH MUHAMMED

EXECUTIVE DIRECTOR

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SMITH, WILBUR  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name HANSON, WOODWARD  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name SHOW, JOANNE  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title VC  
Name COLLINS, MARIE  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name DOSORETZ, ELIZABETH  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name WOODARD, THELMA  
Address P.O. DRAWER 1290  
City-State-Zip: FORT MYERS FL 33902