

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48083

**FILED**  
**Apr 04, 2014**  
**Secretary of State**  
**CC6649402989**

**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:**

MUHAMMED, A.H.  
3210 DR MARTIN LUTHER KING JR BLVD  
FT MYERS, FL 33916 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:** A.H. MUHAMMED

04/04/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CHAIRMAN  
Name SOTTONG, TED  
Address 12730 BRITTANY BLVD.  
SUITE 606  
City-State-Zip: FORT MYERS FL 33907

Title TREASURER  
Name MOES, JEFFREY  
Address 12681 CREEKSIDE LANE  
City-State-Zip: FORT MYERS FL 33919

Title VC  
Name DETILLIO, JOSHUA  
Address 13681 DOCTOR'S WAY  
ADMINISTRATION  
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR  
Name RUSSELL, STEPHEN  
Address 1700 MONROE STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name HORTON, J. WEBB  
Address 10501 FGCU BLVD. SOUTH  
City-State-Zip: FORT MYERS FL 33965

Title DIRECTOR  
Name HUETHER, VIRGINIA  
Address 10130 BERTRAM LANE  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name ROGERS, HUDSON DR.  
Address 10501 FGCU BLVD. SOUTH  
City-State-Zip: FORT MYERS FL 33965

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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:** A.H. MUHAMMED

**EXECUTIVE DIRECTOR**

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHAERF, FREDERICK DR.  
Address        14271 METROPOLIS AVE.  
                  SUITE A  
City-State-Zip: FORT MYERS FL 33912

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