

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48083

FILED
Apr 03, 2018
Secretary of State
CC6452776702

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

04/03/2018

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 CHAIRPERSON
Name COLLINS, MARIE
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 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

Title DIRECTOR
Name NASWORTHY, SUSAN
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

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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