

**2023 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

03/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER, DIRECTOR
Name	MOES, JEFFREY
Address	8695 COLLEGE PARKWAY SUITE 100
City-State-Zip:	FORT MYERS FL 33919
Title	DIRECTOR
Name	HORTON, J. WEBB
Address	10501 FGCU BOULEVARD SOUTH
City-State-Zip:	FORT MYERS FL 33965
Title	DIRECTOR
Name	NASWORTHY, SUSAN
Address	13000S. CLEVELAND AVENUE
City-State-Zip:	FORT MYERS FL 33907
Title	DIRECTOR
Name	SPEARS, DIANE
Address	2776 CLEVELAND AVENUE
City-State-Zip:	FORT MYERS FL 33901

Title	DIRECTOR
Name	RUSSELL, STEPHEN
Address	1700 MONROE STREET
City-State-Zip:	FORT MYERS FL 33901
Title	DIRECTOR
Name	SMALLS, SYLVESTER
Address	14750 BEN C PRATT/6 MILE CYPRESS PARKWAY
City-State-Zip:	FORT MYERS FL 33912
Title	DIRECTOR
Name	WIEBEL, JANIS
Address	7920 SUMMERLIN LAKES DRIVE
City-State-Zip:	FORT MYERS FL 33907
Title	CHAIRPERSON, DIRECTOR
Name	BUNTZMAN, AROL
Address	4954 LOWELL DRIVE
City-State-Zip:	AVE MARIA FL 34142

**Continues on page 2**

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:** ABDUL 'HAQ MUHAMMED**EXECUTIVE DIRECTOR**

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name KING, CHRISTINE  
Address 2014 SE 26TH TERRACE  
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR  
Name VALENTIN-SMITH, CYNTHIA  
Address 1507 CAPE CORAL PARKWAY EAST  
City-State-Zip: CAPE CORAL FL 33904