

**2022 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

01/26/2022

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           COLLINS, MARIE  
Address        4501 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33966

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 BOULEVARD SOUTH  
City-State-Zip: FORT MYERS FL 33965

Title           DIRECTOR  
Name           SMALLS, SYLVESTER  
Address        14750 BEN C PRATT/6 MILE CYPRESS  
                  PARKWAY  
City-State-Zip: FORT MYERS FL 33912

Title           DIRECTOR  
Name           NASWORTHY, SUSAN  
Address        13000S. CLEVELAND AVENUE  
City-State-Zip: FORT MYERS FL 33907

Title           DIRECTOR  
Name           HAYDEN, TOM  
Address        6216 WHISKEY CREEK DRIVE  
                  #B  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR  
Name           WIEBEL, JANIS  
Address        7920 SUMMERLIN LAKES DRIVE  
City-State-Zip: FORT MYERS FL 33907

**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:** AROL BUNTZMAN

CHAIRPERSON,  
DIRECTOR

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SPEARS, DIANE  
Address 2776 CLEVELAND AVENUE  
City-State-Zip: FORT MYERS FL 33901

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

Title CHAIRPERSON, DIRECTOR  
Name BUNTZMAN, AROL  
Address 4954 LOWELL DRIVE  
City-State-Zip: AVE MARIA FL 34142