

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739018 (0)**  
1. Corporation Name  
**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902</b>	Mailing Address <b>1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902-1357</b>
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3. Date Incorporated or Qualified</b> <b>05/13/1977</b>	<b>3a. Date of Last Report</b> <b>04/26/1996</b>
<b>4. FEI Number</b> <b>59-1741273</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HAMRIC, LALAI S.  
1620 MEDICAL LANE  
FT. MYERS FL 33902**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.**

**SIGNATURE**  
Signature, typed or printed name of registered agent and title if applicable

*Lalai S. Hamric*  
(Typed Name of Agent Signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PECK, JUDY	
STREET ADDRESS	2162 MARAVILLA LANE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, LORIE JR	
STREET ADDRESS	174 CONNECTICUT AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUBAKER-THOMAS, ALICE	
STREET ADDRESS	P. O. BOX 151745 (NA)	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BERRY, MARJORIE ANN	
STREET ADDRESS	2903 VALENCIA WAY	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIG, BRIAN	
STREET ADDRESS	2442 MARTIN L. KING BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wells, Lovie Jr
2.3 STREET ADDRESS	174 Connecticut Ave.
2.4 CITY-ST-ZIP	Pt. Myers, FL 33905
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.**

CR2E037 (9/96)

**(CON'T) 1997 FAMILY HEALTH CENTERS BOARD OF DIRECTORS**

**T/D**

**Marvin L. Metheny, CPA  
1635 Hendry St.  
Fort Myers, FL 33901**

**D**

**Willie Trevino  
P.O. Box 1775 (NA)  
Immokalee, FL 33934**

**D**

**Zoila Martinez  
479 Michigan Links  
Tice, FL 33916**

**D**

**Kimberley Shank  
1110 NE 13th Place  
Cape Coral, FL 33909**

**D**

**Kimberly Fioramanti  
11200 Orangewood Dr.  
Bonita Springs, FL 33923**

**D**

**Shirley Dooley  
PO Box 116 (NA)  
LaBelle, FL 33935**

**D**

**Gary Lounsberry  
1538 Reynard  
Ft. Myers, FL 33919**

**Addition**