

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902		Mailing Address 1620 MEDICAL LANE P.O. BOX 1357 FT. MYERS FL 33902		3. Date Incorporated or Qualified 05/13/1977	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-1741273	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, JUDY	1.2 NAME	Judy Peck
STREET ADDRESS	2162 MARAVILLA LANE	1.3 STREET ADDRESS	2162 Maravilla Lane
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	vc/d <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, LOVIE JR	2.2 NAME	Metheny, Marvin
STREET ADDRESS	174 CONNECTICUT AVE.	2.3 STREET ADDRESS	1635 Hendry Street
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, MARJORIE ANN	3.2 NAME	Berry, Marjorie Ann
STREET ADDRESS	2903 VALENCIA WAY	3.3 STREET ADDRESS	2903 Valencia Way
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, BRIAN	4.2 NAME	Fioramanti, Kim
STREET ADDRESS	2442 MARTIN L KING BLVD	4.3 STREET ADDRESS	11218 Tangelo Terrace
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Fritts, John
STREET ADDRESS		5.3 STREET ADDRESS	2201 Second Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lounsberry, Gary
STREET ADDRESS		6.3 STREET ADDRESS	1538 Reynard Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Myers, FL 33919

14. I 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.

SIGNATURE:  1/14/97 94-337-3723

CR2E037 (10/97)