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FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90163 044 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739018

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/13/1977

4. FEI Number

59-1741273

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

FL

85 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, JUDY	
STREET ADDRESS	2162 MARAVILLA LANE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	METHENY, MARVIN	
STREET ADDRESS	1635 HENDRY STREET	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERRY, MARJORIE ANN	
STREET ADDRESS	2903 VALENCIA WAY	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FIORAMANTI, KIM	
STREET ADDRESS	11218 TANGELO TERRACE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUNSBERRY, GARY	
STREET ADDRESS	1538 REYNARD DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRITTS, JOHN	
STREET ADDRESS	2201 SECOND STREET	
CITY-ST-ZIP	FT. MYERS FL 33901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

941/278-3600

Daytime Phone #

ATTACHMENT

(CON'T - BLOCK 13)

Family Health Centers of Southwest Florida, Inc.
Board of Directors

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90163 044 ****61.25

D
Dooley, Shirley
111 Curry St.
LaBelle, FL 33935

D
Martinez, Zoila
1655-D Marsh Avenue
Fort Myers, FL 33905

D
Matteson, Cynthia
208 North Richmond Avenue
Lehigh Acres, FL 33972

D
Thompson, Ken
403-D Joan Avenue
Lehigh Acres, FL 33971

D
Stephens, Vera
3204 C Street
Fort Myers, FL 33916

D
Trevino, Willie Jr.
PO Box 1777
Immokalee, FL 33934