

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739018

1. Entity Name

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90157 011 ****61.25

Principal Place of Business

Mailing Address

1620 MEDICAL LANE
P.O. BOX 1357
FT. MYERS FL 33902

1620 MEDICAL LANE
P.O. BOX 1357
FT. MYERS FL 33902-1357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1741273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMRIC, LALAI S.
1620 MEDICAL LANE
FT. MYERS FL 33902

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	BERRY, MARJORIE ANN	
STREET ADDRESS	2903 VALENCIA WAY	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	SD	<input checked="" 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	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Metheny	
STREET ADDRESS	1470 Royal Palm Square Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Lounsberry	
STREET ADDRESS	1538 Reynard Drive	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Fritts	
STREET ADDRESS	2201 Second Street, 2nd Floor	
CITY-ST-ZIP	Fort Myers, FL 33901-6198	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Thompson	
STREET ADDRESS	1150 Lee Blvd., Suite 1A	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lalai S. Hamric

02/02/00

(941) 278-3600

Date

Daytime Phone #

CR2E037 (9/99)