

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739018**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1741273

Applied For

Not Applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	D PECK, JUDY 2162 MARAVILLA LANE FT MYERS FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gary Lounsberry 1538 Reynard Drive Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD METHENY, MARVIN 1470 ROYAL PALM SQUARE BLVD FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD John Fritts P.O. Box 2939 Fort Myers, FL 33902-2939	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FRITTS, JOHN 2201 SECOND STREET, 2ND FLOOR FORT MYERS FL 33901-6198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, KEN 1150 LEE BLVD., SUITE 1A LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUNSBERRY, GARY 1538 REYNARD DRIVE FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRITTS, JOHN 2201 SECOND STREET FT. MYERS FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90152 045 ****61.25

010400



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)