

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 004 ****61.25

DOCUMENT # 739018

1. Entity Name
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA,
INC.



Principal Place of Business
2256 HEITMAN ST.
FORT MYERS, FL 33901

Mailing Address
P.O. BOX 1357
FORT MYERS, FL 33902

40103097



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05132008 Chg-NP CR2E037 (12/06)

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

HAMRIC, LALAI S.
2256 HEITHAN ST.
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
THOMPSON, SHARON
1470 ROYAL PALM SQ BLVD
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GOLDEN, LEE
2247 FIRST ST
FORT MYERS, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
COLE, LEE
741 BENTLEY ST.
LEHIGH ACRES, FL 33936 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PECK, JUDY
2162 MARAVILLA LANE
FORT MYERS, FL 33901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARTINEZ, ZOILA
1655 D KARSH AVE.
FORT MYERS, FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
THOMPSON, KEN
1150 LEE BLVD SUITE 1A
LEHIGH ACRES, FL 33936 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T/D
Sheppard-Myers, Connie
14170 WARNER CIRCLE
NORTH FORT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/D
HERNANDEZ, ISHAEL
3681 MICHIGAN AVE.
FORT MYERS, FL 33916 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1655-D MARSH AVE. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C/D ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marie Address Marie Address

5/14/08

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739018 1. Entity Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.						<div style="font-size: 2em; transform: rotate(-10deg); opacity: 0.5;">ATTACHMENT</div> <div style="font-size: 3em; transform: rotate(-10deg); opacity: 0.5;">40103097</div>	
Principal Place of Business 2256 HEITMAN ST. FORT MYERS, FL 33901				Mailing Address P.O. BOX 1357 FORT MYERS, FL 33902			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		05132008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1741273		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAMRIC, LALAI S. 2256 HEITHAN ST. FORT MYERS, FL 33901				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>							
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD			TITLE	D		
NAME	THOMPSON, SHARON			NAME	WATTS, ANNIE		
STREET ADDRESS	1470 ROYAL PALM SQ BLVD			STREET ADDRESS	239 EUGENIA AVE.		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	TD			TITLE	D		
NAME	GOLDEN, LEE			NAME	JOHNSON, SAMUEL		
STREET ADDRESS	2247 FIRST ST			STREET ADDRESS	3817 KELLY ST		
CITY-ST-ZIP	FORT MYERS, FL 33901			CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE	SD			TITLE	D		
NAME	COLE, LEE			NAME	BLIETZ, DEAN		
STREET ADDRESS	741 BENTLEY ST.			STREET ADDRESS	3613 FAIRVIEW AVE.		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	D			TITLE	D		
NAME	PECK, JUDY			NAME	VALIANT, MARTHA		
STREET ADDRESS	2162 MARAVILLA LANE			STREET ADDRESS	570 CAPTAIN HENDRY DR.		
CITY-ST-ZIP	FORT MYERS, FL 33901			CITY-ST-ZIP	LABELLE, FL 33935		
TITLE	D			TITLE	D		
NAME	MARTINEZ, ZOILA			NAME	BELL, DORIS		
STREET ADDRESS	1655 D KARSH AVE.			STREET ADDRESS	3526 PATRICK AVE		
CITY-ST-ZIP	FORT MYERS, FL 33905			CITY-ST-ZIP	FL. MYERS, FL 33916		
TITLE	VD			TITLE			
NAME	THOMPSON, KEN			NAME			
STREET ADDRESS	1150 LEE BLVD SUITE 1A			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marie Address</u> <u>Marie Address</u>				Date: <u>5/14/08</u>			