

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739018

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

2256 HEITMAN ST.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1357
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-1741273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, SHARON
Address: 1470 ROYAL PALM SQ BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: GOLDEN, LEE
Address: 2247 FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: TD (X) Delete
Name: SHEPPARD-MYERS, CONNIE
Address: 14170 WARNER CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: HERNANDEZ, ISHAEL
Address: 3681 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: MARTINEZ, ZOILA
Address: 1655-D MARSH AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: SD () Delete
Name: THOMPSON, KEN
Address: 1150 LEE BLVD SUITE 1A
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERNANDEZ, ISHMAEL
Address: 3681 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, KENNETH
Address: 1150 LEE BLVD SUITE 1A
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH THOMPSON

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date