

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739018

**FILED**  
**Jan 05, 2012**  
**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:**

MAZZEO, JR., FRANK DR.  
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: CHR  
Name: GOLDEN, LEE  
Address: 2247 FIRST ST  
City-St-Zip: FORT MYERS, FL 33901

Title: SEC  
Name: JONES, CATHY  
Address: 358 MELODY COURT  
City-St-Zip: FORT MYERS, FL 33916

Title: TR  
Name: DAVIS, STEVE  
Address: 1470 ROYAL PALM SQUARE BLVD  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: LEE GOLDEN

CHR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date