

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002854

1. Entity Name

HEALTH EDUCATION CENTER OF S.W. FLORIDA, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90422 001 ***122.50

Principal Place of Business

Mailing Address

9981 HEALTHPARK CIRCLE
153
FT. MYERS FL 27
US

9981 HEALTHPARK CIRCLE
153
FT. MYERS FL 33908
US

9967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0426978

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

MCCURDY, ROBERT C
C/O LEE MEMORIAL HEALTH SYSTEM
2776 CLEVELAND AVE
FT MEYERS FL 33901

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 PDC ☒ Delete
NAME JOHNSON, WILLIAM D
STREET ADDRESS 8300 COLLEGE PKWY., SUITE 200
CITY-ST-ZIP FORT MYERS FL

TITLE CD ☐ Change ☒ Addition
NAME William M. Ellis
STREET ADDRESS 9800 South HealthPark Dr - Suite 405
CITY-ST-ZIP Fort Myers, FL 33908

TITLE VD ☒ Delete
NAME BRIGHT, SHERRY L.
STREET ADDRESS 2776 CLEVELAND AVENUE
CITY-ST-ZIP FT MYERS FL 33901

TITLE D ☐ Change ☒ Addition
NAME Steve G. West
STREET ADDRESS 9981 South HealthPark Dr - Suite 301
CITY-ST-ZIP Fort Myers, FL 33908

TITLE ST ☐ Delete
NAME MCCURDY, ROBERT
STREET ADDRESS 2776 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.00 941-334-5382

Date

Daytime Phone #

CR2E037 (9/99)