

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002854

1. Entity Name

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

Principal Place of Business

Mailing Address

9981 HEALTHPARK CIRCLE  
153  
FT. MYERS FL 27  
US

9981 HEALTHPARK CIRCLE  
153  
FT. MYERS FL 33908  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
ELLIS, WILLIAM M  
9800 S. HEALTH PARK DR. STE 405  
FORT MYERS FL 33908 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEST, STEVE G  
9981 S. HEALTHPARK DR. STE 301  
FORT MYERS FL 33908 ☐ Delete

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

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

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

94 334 5382

Daytime Phone #

APPROVED  
AND  
FILED

01 APR -8 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

65750



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0426978

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2037 (10/00)

3/20/01 90113 001-6125

MW