

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739018

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

**Current Principal Place of Business:**

1926 VICTORIA AVE  
FORT MYERS, FL 33901

**Current Mailing Address:**

P.O. BOX 1357  
FORT MYERS, FL 33902

**FEI Number:** 59-1741273

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAZZEO, JR., FRANK DR.  
1926 VICTORIA AVE  
FORT MYERS, FL 33901 US

*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

**Officer/Director Detail :**

Title CEO  
Name MAZZEO, JR., FRANK DR.  
Address 1926 VICTORIA AVE  
City-State-Zip: FORT MYERS FL 33901

Title CHAIRMAN  
Name EPIFANIO, PATRICIA  
Address 9755 CATTAIL CT  
City-State-Zip: FORT MYERS FL 33905

Title VC  
Name HENDRY, BETH  
Address 7777 WOODBEND CRICLE  
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY  
Name MELHADO, LOLITA  
Address 11948 FIVE WATERS CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title TREASURER  
Name MUNZERT, MICHAEL  
Address 2134 JEFFRCOTT STREET  
City-State-Zip: FORT MYERS FL 33901

Title CFO  
Name DANIEL , GRIFFITH  
Address 10230 ASHBROOK COURT  
City-State-Zip: FORT MYERS FL 33913

*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:** DANIEL GRIFFITH

**CFO**

**04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date