



Family Health Centers
OF SOUTHWEST FLORIDA, INC.

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November 5, 2007

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administrations
Room N-5644
US Department of Labor
200 Constitutions Avenue NW
Washington, D.C. 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by the plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Family Health Centers of Southwest Florida, Inc.

Employer's Address: PO Box 1357
Ft. Myers, FL 33902-1357

Employer Identification Number: 59-1741273

Family Health Centers of Southwest Florida, Inc. 457(b) Eligible Deferred Compensation Plan, which covers 10 Participants.

Total Number of Plans: 1

Family Health Centers of Southwest Florida, Inc.
Plan Administrator of the Plans Specified Above

By: 
Lalai S. Hamric, President/CEO

Date: 11-7-07, 2007



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OF SOUTHWEST FLORIDA, INC.

P.O. BOX 1357 • 2256 HEITMAN STREET
FORT MYERS, FLORIDA 33902



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