

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003794

**FILED
Apr 29, 2019
Secretary of State
9063818260CC**

Entity Name: LEE COUNTY HEALTHCARE COALITION INC

Current Principal Place of Business:

8961 DANIELS CENTER DRIVE, SUITE 401
FORT MYERS, FL 33912

Current Mailing Address:

8961 DANIELS CENTER DRIVE, SUITE 401
FORT MYERS, FL 33912

FEI Number: 47-4627471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEALTH PLANNING COUNCIL OF SOUTHWEST FLORI
8961 DANIELS CENTER DRIVE, SUITE 401
FORT MYERS, FL 33912 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 CHAIR
Name ECK, CAITLYN
Address 2665 ORTIZ AVE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name MCCOWAN, CRYSTAL
Address 16131 ROSERUSH CT
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name JOSEPH, JERRY
Address 3920 MICHIGAN AVE
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR
Name MAGAS, JAMES
Address 2776 CLEVELAND AVE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name SHEEHAN, BOB
Address 9470 HEALTHPARK CIR
City-State-Zip: FORT MYERS FL 33908

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: CAITLYN ECK

CHAIR

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date