

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003794

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC0753005549**

**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           BOWLES, CONSTANCE L  
Address        8961 DANIELS CENTER DRIVE, SUITE  
                  401  
City-State-Zip: FORT MYERS FL 33912

Title           VC  
Name           ECK, CAITLYN  
Address        8961 DANIELS CENTER DRIVE, SUITE  
                  401  
City-State-Zip: FORT MYERS FL 33912

Title           S  
Name           MCCOWAN, CRYSTAL  
Address        8961 DANIELS CENTER DRIVE, SUITE  
                  401  
City-State-Zip: FORT MYERS FL 33912

*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:** CONSTANCE L BOWLES

**CHAIR**

**01/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date