

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2018
Secretary of State
CC6216891949

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

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

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

Title DIRECTOR
Name JOSEPH, JERRY
Address 2295 VICTORIA AVE SUITE 206
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name MAGAS, JAMES
Address 13681 DOCTORS WAY
City-State-Zip: FORT MYERS FL 33901

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

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date