

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003794

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

Title DIRECTOR  
Name GENTRUP, GAIL  
Address 8961 DANIELS CENTER DRIVE  
SUITE #401  
City-State-Zip: FT. MYERS FL 33912

Title DIRECTOR  
Name CAMPS, TONY  
Address 8961 DANIELS CENTER DRIVE  
SUITE #401  
City-State-Zip: FT. MYERS FL 33912

Title DIRECTOR  
Name COLUCCI, LORI  
Address 8961 DANIELS CENTER DR #401  
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR  
Name CARTER, GLAMA  
Address 8961 DANIELS CENTER DR #401  
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR  
Name ALLEY, SEAN  
Address 8961 DANIELS CENTER DR #401  
City-State-Zip: FORT MYERS FL 33912

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*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

04/20/2021

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

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