FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:35

DOCUMENT # 716173 (0)

1. Corporation Name
LEE MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
2789 ORTIZ AVE FORT MYERS FL 33905-4806	2789 ORTIZ AVE FORT MYERS FL 33905-4806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1287693 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33905-7806 Country 25	Zip 29 33905-7806 Country 30

9. Name and Address of Current Registered Agent

GRAVES, WALLACE M., JR.
2789 ORITZ AVENUE
P.O. DRAWER HG
FORT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	S/D	☐ Change ☒ Addition
NAME	MARKS, ANNA	1.2 NAME	Austin, Bob	
STREET ADDRESS	5326 COCOA COURT	1.3 STREET ADDRESS	17404 Homewood Rd	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Ft Myers FL 33912	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ABELS, MARK, PH.D.	2.2 NAME	Alderman, Frank	
STREET ADDRESS	821 CAPE VIEW DR	2.3 STREET ADDRESS	PO Box 1530	
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	Ft Myers, FL 33901	
TITLE	D	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	ISAACS, MADELYN L.	3.2 NAME	Mazurkiewicz, Joseph	
STREET ADDRESS	6577 E TOWN & RIVER RD	3.3 STREET ADDRESS	3206 SW 7th Pl	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MACDOUGALL, KAY	4.2 NAME	Duval, Frank	
STREET ADDRESS	16699 WATERS EDGE CT	4.3 STREET ADDRESS	247 Connecticut Ave	
CITY-ST-ZIP	FT MYERS F	4.4 CITY-ST-ZIP	Ft Myers FL 33905	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RIEVES, MAX G.	5.2 NAME	Harmon, Elizabeth	
STREET ADDRESS	18468 CUTLASS DR.	5.3 STREET ADDRESS	2055 Central Ave	
CITY-ST-ZIP	FT. MYERS BEACH FL	5.4 CITY-ST-ZIP	Ft Myers FL 33901	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, MARY	6.2 NAME	Hayward, Archie	
STREET ADDRESS	1260 VESPER DR	6.3 STREET ADDRESS	2072 Victoria Ave.	
CITY-ST-ZIP	FT MYERS, FL 00000	6.4 CITY-ST-ZIP	Ft Myers FL 33901	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Austin Bob Austin, Secretary 1/24/95 (813) 939-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060312

CORPORATION ANNUAL REPORT 1995
LEE MENTAL HEALTH CENTER, INC.

#13

ADDITIONS TO OFFICERS AND DIRECTORS

D
Hillmyer, Barry
P.O. Box 960
Ft. Myers, FL 33902

D
Nichols, Helen
2835 S.E. 16th Pl.
Cape Coral, FL 33904

D
Shelton, Louise
2727 Winkler Ave.
Ft. Myers, FL 33901