FILE NOW: FILING FEE IS $61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **716173** **(0)**

1. Corporation Name
LEE MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
2789 ORTIZ AVE FORT MYERS FL 33905-7806 US	2789 ORTIZ AVE FORT MYERS FL 33905-7806 US

3. Date Incorporated or Qualified: 03/10/1969
3a. Date of Last Report: 01/30/1995
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
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 / Country 25	Zip 29 / 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: Bob Austin
82 Street Address (P.O. Box Number is Not Acceptable): 17404 Homewood Rd
83
84 City: Ft Myers FL 85 Zip Code: 33912

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bob Austin — DATE: 4-24-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MARKS, ANNA 5326 COCOA COURT CAPE CORAL FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Louise Shelton 2727 Winkler Ave Ft Myers, FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALDERMAN, FRANK P. O. BOX 1530 FT. MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D Bob Austin 17404 Homewood Rd Ft Myers FL 33912	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISAACS, MADELYN L. 6577 E TOWN & RIVER RD FT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/D Joseph Mazurkewicz 3206 ~~Hdone~~ SW 7th Pl Cape Coral FL 33914	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACDOUGALL, KAY 16689 WATERS EDGE CT FT MYERS F	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Joan Cabai 12811 Kenwood Ln. Ft Myers FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIEVES, MAX G. 18468 CUTLASS DR. FT. MYERS BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Archie Hayward 2072 Victoria Ave Ft Myers FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MARY 1260 VESPER DR FT MYERS, FL 00000	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Barry Hillmyer PO Box 960 - NA Ft Myers FL 33902	☐ Change ☑ Addition

CR2E037 (12/95)

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)(k), 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 — 4-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7-2

7/6/73

LEE MENTAL HEALTH CENTER, INC.

ATTACHMENT
#13 - ADDITIONS TO OFFICERS

D
Lee Duffus, Ph.D.
8111 College Pkwy.
Ft. Myers, FL 33919

D
Elizabeth Harmon
1592 Covington Cr.
Ft. Myers, FL 33919

D
Kay MacDougall
16689 Water Edge Ct.
Ft. Myers, FL 33908

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

D
Donald Southwick
5597 Trellis Ln.
Ft. Myers, FL 33919

D
John Sweatlock
18418 Orange Crest Ct.
Lehigh Acres, FL 33936

D
Frank Duval, Jr.
247 Connecticut Ave.
Ft. Myers, FL 33905

D
Vasanta Senerat
1342 Colonial Blvd.
Ft. Myers, FL 33907