FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

HARMAN, ELIZABETH O.
1592 COVINGTON CT.
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Joseph Mazurkiewicz
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 3206 SW 7th Pl
84 City: Cape Coral FL 85 Zip Code: 33914

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: Joseph Mazurkiewicz, Chairman — DATE: 2-25-98
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	D	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	SHELTON, LOUISE		1.2 NAME	Cabai, Joan	
STREET ADDRESS	2727 WINKLER AVE		1.3 STREET ADDRESS	1475 N Larkwood Sq	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Ft Myers FL 33919	
TITLE	PD	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	MAZURKIEWICS, JOSEPH		2.2 NAME	Duval, Frank	
STREET ADDRESS	3206 SW 7TH PL		2.3 STREET ADDRESS	247 Connecticut Ave.	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Ft Myers FL 33905	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ISAACS, MADELYN L.		3.2 NAME	Harman, Elizabeth	
STREET ADDRESS	6577 E TOWN & RIVER RD		3.3 STREET ADDRESS	1592 Covington Cr	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Ft Myers FL 33919	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MACDOUGALL, KAY		4.2 NAME	Nichols, Helen	
STREET ADDRESS	16689 WATERS EDGE CT		4.3 STREET ADDRESS	2835 SE 16th Pl	
CITY-ST-ZIP	FT MYERS F		4.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYWARD, ARCHIE		5.2 NAME	Sweatlock, John	
STREET ADDRESS	2072 VICTORIA AVE		5.3 STREET ADDRESS	18418 Orange Crest Ct.	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	Lehigh Acres FL 33936	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, MARY		6.2 NAME	Duffus, Lee	
STREET ADDRESS	1260 VESPER DR		6.3 STREET ADDRESS	19501 Treeline Ave S	
CITY-ST-ZIP	FT MYERS, FL 00000		6.4 CITY-ST-ZIP	Ft Myers FL 33965	

14. I hereby certify that the information supplied with this filing 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: Joseph Mazurkiewicz 2-25-98

CR2E037 (10/97)

LEE MENTAL HEALTH CENTER, INC.

Attachment to 1998 Corporation Annual Report
(#13 - Additions/Changes to Officers and Directors)

D
Michael Reitman
4571 Colonial Blvd., Suite 102
Fort Myers, FL 33912

D
James Reilly
3026 E. Riverside Dr.
Fort Myers, FL 33901

D
Guillermo Bohm, MD
2675 Winkler Ave.
Fort Myers, FL 33907

D
Carol Davis
19501 Treeline Ave., S.
Fort Myers, FL 33965

D
Toni Matison
2711 First Street, #501
Fort Myers, FL 33916

D
Joseph Coleman
PO Box 1567
Fort Myers, FL 33902