FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90044 008 ****61.25

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DOCUMENT # 716173

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/10/1969

4. FEI Number
59-1287693
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAZURKIEWICZ, JOSEPH
3206 SW 7TH PL
CAPE CORAL FL 33914

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 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 _____ 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	V	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	CABAI, JOAN		1.2 NAME	Mazurkiewicz, Joseph	
STREET ADDRESS	1475 N LARKWOOD SQ		1.3 STREET ADDRESS	3206 SW 7th Pl	
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	T	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	DUVAL, FRANK		2.2 NAME	Isaacs, Madelyn	
STREET ADDRESS	247 CONNECTICUT AVE		2.3 STREET ADDRESS	19501 Treeline Ave S	
CITY-ST-ZIP	FT MYERS FL 33905		2. 4 CITY-ST-ZIP	Ft Myers FL 33965	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HARMON, ELIZABETH		3.2 NAME	Johnson, Mary	
STREET ADDRESS	1592 COVINGTON CIR		3.3 STREET ADDRESS	1260 Vesper Dr	
CITY-ST-ZIP	FT MYERS FL 33919		3.4. CITY-ST-ZIP	Ft Myers FL 33901	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NICHOLS, HELEN		4. 2 NAME	Hayward Archie	
STREET ADDRESS	7835 SE 16TH PL		4.3 STREET ADDRESS	2072 Victoria Ave	
CITY-ST-ZIP	CAPE CORAL FL 33904		4.4 CITY-ST-ZIP	Ft Myers FL 33901	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SWEATLOCK, JOHN		5.2 NAME	MacDougall Kay	
STREET ADDRESS	18418 ORANGE CREST CT		5.3 STREET ADDRESS	16689 Water Edge Ct	
CITY-ST-ZIP	LEHIGH ACRES FL 33936		5.4 CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DUFFUS, LEE		6.2 NAME	Reitman Michael	
STREET ADDRESS	19501 TREELINE AVE S		6.3 STREET ADDRESS	4210 Metro Pkwy	
CITY-ST-ZIP	FT MYERS FL 33965		6.4 CITY-ST-ZIP	Ft Myers FL 33916	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Joseph Mazurkiewicz 1-20-99 (941) 945-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENT #716173

254281-40044-8
716173

LEE MENTAL HEALTH CENTER, INC.

Attachment to #13

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

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

D
Matison, Toni
2711 First St., #501
Ft. Myers, FL 33916

D
Coleman, Joseph
P.O. Box 1567
Ft. Myers, FL 33902