NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT #	716173
Corporation Name	
LEE MENTAL HEALT	h center, inc.

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

2. Principal Place of Business

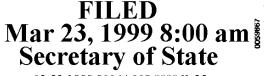
Mailing Address

2789 ORTIZ AVE

2a. Mailing Address

FORT MYERS FL 33905-7806

US



03-23-1999 90044 008 ****61.25

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3. Date Incorporated or Qualifed

21		26			03/10/1969			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		olied For	
22	-	27			59-1287693	Not Applicable		
City & State	& State City & State				5. Certifcate of Status Desired	\$8.75 A		
23		28			o. Control of Calco Doubles	Fee Re	quired	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 (
24	25	29 30	<u></u>		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Regis	tered Agent		
				Name				
3 MAZURKIE	EWICZ, JOSEPH		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	3206 SW 7TH PL			,				
	RAL FL 33914		83					
V VV.			84	City		85 Zip C	ode	
						FL		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named co	rporation submits this statement for the purpor	se of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	onzed by	the corpora	ation's board of directors. I hereby accept the	appointment as reg	pistered	
	m rammar with, and accept the congain	713 01, 0000011 0 11.0000, 1 longe		•				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	t signature requ		TE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	V	☐ DELETE	1.1 TITLE	F	7	☐ Change	Addition	
NAME	CABAI, JOAN		1.2 NAME	1	Mazurkiewicz, Joseph			
STREET ADDRESS	1475 N LARKWOOD SQ		1.3 STREET	ADDRESS 7	3206 SW 7th PI			
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-S	T-ZIP	Cape Coral FZ 33914			
TITLE	T	☐ DELETE	2.1 TITLE	5	\$	☐ Change	Addition	
NAME.	DUVAL, FRANK		2.2 NAME		Esaacs, Madelyn			
STREET ADDRESS	247 CONNECTICUT AVE		2.3 STREE	ADDRESS (19501 Treeline Ave S		İ	
CITY-ST-ZIP	FT MYERS FL 33905	•	2. 4 CITY-5	T-ZIP	FT MYECS TO 33965		·	
TITLE	D	☐ DELETE	3.1 TITLE	ì	7	☐ Change	Addition	
NAME	HARMON, ELIZABETH		3.2 NAME		Johnson, Hary		j	
STREET ADDRESS	1592 COVINGTON CIR		3.3 STREET	ADDRESS	260 VESPET Dr			
CITY-ST-ZIP	FT MYERS FL 33919		3.4. CITY- S	T-ZIP 1	FA HURCI FL 33901			
TITLE	D	☐ DELETE	4.1 TITLE	1		☐ Change	Addition	
NAME	NICHOLS, HELEN		4. 2 NAME	4	Hayward Archie		′	
STREET ADDRESS	7835 SE 16TH PL	•	4.3 STREE		2012 Victoria Ave			
CITY-ST-ZIP	CAPE CORAL FL 33904		4.4 CITY-S	T-ZIP 1	FM466 FL 33901			
TITLE	D	☐ DELETE	5.1 TITLE	7	2	☐ Change	Addition	
NAME	SWEATLOCK, JOHN		5.2 NAME	۱	1acDougall Ray		′	
STREET ADORESS	18418 ORANGE CREST CT		5.3 STREE	TADORESS /	16689 Water Edge Ct			
CITY-ST-ZIP	LEHIGH ACRES FL 33936		5.4 CITY-S		7- Myers FL 33908			
TITLE	D	DELETE	6.1 TITLE	7	>	☐ Change	Addition	
NAME	DUFFUS, LEE	^	6.2 NAME	Į́ρ	Leitman Michael			
STREET ADDRESS	19501 TREELINE AVE S		6.3 STREE		4210 Metro Pruy		ľ	
CITY-ST-ZIP	FT MYERS FL 33965		6.4 CITY-S	T-ZIP .	FI Myeu FZ 33916			
OTT 1-31-AF								

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT #716173

. LEE MENTAL HEALTH CENTER, INC.

254281-40044-8 71617-3

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