2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90210 006 ****61.25

DOCUMENT # 716173

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EUSTIS, JANET W 2789 ORTIZ AVE SE FORT MYERS FL 33905	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Janet W. Eustis C.E.O. 1/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CABAI, JOAN 1475 N LARKWOOD SQ FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COLEMAN, JOSEPH PO BOX 1567 FT MYERS, FL 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ISAACS, MADELYN 19501 TREELINE AVE SOUTH FT MYERS FL 33966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, ELIZABETH 1592 COVINGTON CIR FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REILLY, JAMES 3026 E RIVERSIDE DR FT MYERS, FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, HELEN 7835 SE 16TH PL CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, BARBARA CPA P O BOX 1020 FT MYERS FL 33902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MARY 1260 VESPER DR FT MYERS FL 33901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [illegible] Chairman BOD 1/18/02 (941)3347892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #