2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# 716173

Entity Name: LEE MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

2789 ORTIZ AVE
FORT MYERS, FL 339057806 US

New Principal Place of Business:

Current Mailing Address:

2789 ORTIZ AVE
FORT MYERS, FL 339057806 US

New Mailing Address:

FEI Number: 59-1287693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, CARL JOSEPH
2201 2ND STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLEMAN, JOSEPH
Address: P.O. BOX 1567
City-St-Zip: FORT MYERS, FL 33902

Title: C ( ) Delete
Name: ISAACS, MADELYN
Address: 10501 FGCU BLVD, S
City-St-Zip: FORT MYERS, FL 33965

Title: V ( ) Delete
Name: REILLY, JAMES
Address: 3026 E RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: S ( ) Delete
Name: CROCKETT, DAVY
Address: P.O. BOX 2218
City-St-Zip: FORT MYERS, FL 33902

Title: T ( ) Delete
Name: WILLIAMS, BARBARA CPA
Address: P O BOX 1020
City-St-Zip: FT MYERS, FL 33902

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: REILLLY, JAMES MR.
Address: 3026 E. RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: VC (X) Change ( ) Addition
Name: CROCKETT, DAVY MR.
Address: P.O. BOX 2218
City-St-Zip: FORT MYERS, FL 33901

Title: S (X) Change ( ) Addition
Name: CABAI, JOAN E MS.
Address: 1475 NORTH LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919

Title: T (X) Change ( ) Addition
Name: SLUSHER, JAMES A ED.D.
Address: P.O. BOX 60210
City-St-Zip: FORT MYERS, FL 33906

Title: BOD (X) Change ( ) Addition
Name: ISAACS, MADELYN L PH.D.
Address: 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FORT MYERS, FL 33965

Title: BOD ( ) Change (X) Addition
Name: REITMANN, MICHAEL
Address: 4210 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES REILLY C 02/04/2005

Electronic Signature of Signing Officer or Director — Date