

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716173

FILED
Mar 23, 2007
Secretary of State

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

Title: VC () Delete
Name: BOWER, MARSHALL MR.
Address: 115031 PUNTA RASSA RD. #1203
City-St-Zip: FORT MYERS, FL 33908

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

Title: T () Delete
Name: KLEINOW, ED
Address: 518 N. YACHTSMAN DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957

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

Title: BOD () Delete
Name: REITMANN, MICHAEL
Address: 4210 METRO PARKWAY SUITE 100
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REILLY, JAMES MR.
Address: 1380 DRIFTWOOD ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: C/D (X) Change () Addition
Name: BOWER, MARSHALL MR.
Address: 115031 PUNTA RASSA RD. #1203
City-St-Zip: FORT MYERS, FL 33908

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

Title: T/D (X) Change () Addition
Name: KLEINOW, ED
Address: 518 N. YACHTSMAN DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957

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

Title: D (X) Change () Addition
Name: REITMANN, MICHAEL
Address: 4210 METRO PARKWAY SUITE 100
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 Chapter 119, 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: MARSHALL BOWER, ESQ.

Electronic Signature of Signing Officer or Director

C

03/23/2007

Date