

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716173

FILED  
Mar 31, 2009  
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 (X)

**Name and Address of Current Registered Agent:**

WINTERS, DAVID E  
2789 ORTIZ AVENUE  
FORT MYERS, FL 33905 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/D ( ) Delete  
Name: BOWER, MARSHALL MR.  
Address: 15031 PUNTA RASSA ROAD  
City-St-Zip: FORT MYERS, FL 33908

Title: V/D ( ) Delete  
Name: ISAACS, MADELYN PH.D.  
Address: 10501 FGCU BLVD. S  
City-St-Zip: FORT MYERS, FL 33965

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

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

Title: PC/D ( ) Delete  
Name: REILLY, JAMES  
Address: 1380 DRIFTWOOD DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C/D (X) Change ( ) Addition  
Name: BOWER, MARSHALL ESQ.  
Address: 15031 PUNTA RASSA ROAD  
City-St-Zip: FORT MYERS, FL 33908

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

Title: S/D (X) Change ( ) Addition  
Name: SHAWN, SELIGER ESQ.  
Address: 13881 BLENHEIM TRAIL  
City-St-Zip: FORT MYERS, FL 33908

Title: T/D (X) Change ( ) Addition  
Name: SHEPHARD, JOSEPH PH.D.  
Address: 10501 FGCU BOULEVARD SOUTH  
City-St-Zip: FORT MYERS, FL 33965

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

Title: D ( ) Change (X) Addition  
Name: MICHAEL, REITMANN MR.  
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 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

03/31/2009

\_\_\_\_\_  
Date