

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716173

FILED
Mar 11, 2011
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
Name: BOWER, MARSHALL ESQ.
Address: 15031 PUNTA RASSA ROAD
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: S/D
Name: SHAWN, SELIGER ESQ.
Address: 13881 BLENHEIM TRAIL
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: D
Name: REILLY, JAMES MR.
Address: 1380 DRIFTWOOD DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D
Name: SUE, ACKERT MS.
Address: 9330 TRIANNA TERRACE #1
City-St-Zip: FORT MYERS, FL 33912 US

I hereby 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 all other like empowered.

SIGNATURE: MARSHALL BOWER

C/D

03/11/2011

Electronic Signature of Signing Officer or Director

Date