

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727832

FILED
Feb 09, 2007
Secretary of State

Entity Name: LEE MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

9800 S. HEALTHPARK DRIVE
SUITE 350
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9800 S. HEALTHPARK DRIVE
SUITE 350
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 23-7160360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 S. HEALTHPARK DR
SUITE 350
FORT MYERS, FL 33908 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: CD () Delete
Name: NOLAND, JOHN A
Address: 1715 MONROE ST
City-St-Zip: FORT MYERS, FL 33902

Title: D () Delete
Name: EDWARDS, CHARLES
Address: 2225 FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ROBINSON, DAVID O
Address: 5861 WILD FIG LN
City-St-Zip: FORT MYERS, FL 33919

Title: VC () Delete
Name: REASONER, GARRETT
Address: 1560 HARBOUR ISLE DR.,#402
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: STRAYHORN, BRUCE
Address: 2125 FIRST STREET STE 200
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BARRACO, CARL
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: REASONER, GARRETT
Address: 1560 HARBOUR ISLE DR.,#402
City-St-Zip: FT MYERS, FL 33908

Title: S (X) Change () Addition
Name: STRAYHORN, BRUCE
Address: 2125 FIRST STREET STE 200
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN NOLAND

CD

02/09/2007

Electronic Signature of Signing Officer or Director

Date