


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90006 026 ****70.00

DOCUMENT # 727832 1. Entity Name LEE MEMORIAL HOSPITAL, INC.					
Principal Place of Business ✓ 9800 S. HEALTHPARK DRIVE SUITE 350 FORT MYERS, FL 33908			Mailing Address ✓ 9800 S. HEALTHPARK DRIVE SUITE 350 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7160360	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DODSON, DOUGLAS A 9800 S. HEALTHPARK DR SUITE 350 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent. N/A					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VC-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLAND, JOHN A		NAME	ADAMS, DANIEL F.	
STREET ADDRESS	1715 MONROE ST		STREET ADDRESS	2180 W. FIRST ST., SUITE 212	
CITY-ST-ZIP	FORT MYERS, FL 33902		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, CHARLES		NAME	WINDCHELL, ALBERT B.	
STREET ADDRESS	2225 FIRST ST		STREET ADDRESS	15320 LAGUNA HILLS DR.	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DAVID O		NAME	ROBINSON, DAVID G.	
STREET ADDRESS	5861 WILD FIG LN		STREET ADDRESS	5861 WILD FIG LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REASONER, GARRETT		NAME	BEAUVois, Jo Ellen	
STREET ADDRESS	1560 HARBOUR ISLE DR., #402		STREET ADDRESS	208 CAPE CORAL PKWY EAST # 111	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAYHORN, BRUCE		NAME		
STREET ADDRESS	2125 FIRST STREET STE 200		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRACO, CARL		NAME		
STREET ADDRESS	2271 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John A. Noland</i>			SIGNATURE: <i>John Noland</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

40051551



02212008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7160360

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent. **N/A**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VC-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLAND, JOHN A		NAME	ADAMS, DANIEL F.	
STREET ADDRESS	1715 MONROE ST		STREET ADDRESS	2180 W. FIRST ST., SUITE 212	
CITY-ST-ZIP	FORT MYERS, FL 33902		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, CHARLES		NAME	WINDCHELL, ALBERT B.	
STREET ADDRESS	2225 FIRST ST		STREET ADDRESS	15320 LAGUNA HILLS DR.	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DAVID O		NAME	ROBINSON, DAVID G.	
STREET ADDRESS	5861 WILD FIG LN		STREET ADDRESS	5861 WILD FIG LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REASONER, GARRETT		NAME	BEAUVois, Jo Ellen	
STREET ADDRESS	1560 HARBOUR ISLE DR., #402		STREET ADDRESS	208 CAPE CORAL PKWY EAST # 111	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAYHORN, BRUCE		NAME		
STREET ADDRESS	2125 FIRST STREET STE 200		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRACO, CARL		NAME		
STREET ADDRESS	2271 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Noland* **John Noland** 2/26/08 239/344-1100