2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727832

Entity Name: LEE MEMORIAL HOSPITAL, INC.

FILED Apr 17, 2009 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:	
SUITE 350	ALTHPARK DF RS, FL 33908	RIVE			
Current Mailing Address:			New Mailir	New Mailing Address:	
9800 S. HEALTHPARK DRIVE SUITE 350 FORT MYERS, FL 33908					
FEI Number:	23-7160360	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
9800 S. HE. SUITE 350 FORT MYE	of Florida.	US	ose of changing it	s registered office or registered agent, or both,	
OIOIVATOR		: Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD ()E NOLAND, JOHN A 1715 MONROE S FORT MYERS, F	т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E EDWARDS, CHA 2225 FIRST ST FORT MYERS, F		Title: Name: Address: City-St-Zip:	VC (X) Change () Addition SHEPPARD, ANDREW 12800 UNIVERSITY DR - SUITE 125 FORT MYERS, FL 33907	
Title: Name: Address: City-St-Zip:	D () E ROBINSON, DAV 5861 WILD FIG L FORT MYERS, F	.N	Title: Name: Address: City-St-Zip:	T (X) Change () Addition REASONER, GARRETT H 15160 HARBOUR ISLE DRIVE #402 FORT MYERS, FL 33908	
Title: Name: Address: City-St-Zip:	T () EREASONER, GAR 1560 HARBOUR FT MYERS, FL 3	ISLE DR.,#402	Title: Name: Address: City-St-Zip:	D (X) Change () Addition EDWARDS, CHARLES SR 15831 TURNBRIDGE COURT FT MYERS, FL 33908	
Title: Name: Address: City-St-Zip:	S ()E STRAYHORN, BF 2125 FIRST STR FORT MYERS, F	EET STE 200	Title: Name: Address: City-St-Zip:	S (X) Change () Addition STRAYHORN, BRUCE 2125 FIRST STREET STE 201 FORT MYERS, FL 33901	
Title: Name: Address: City-St-Zip:	D ()E BARRACO, CARL 2271 MCGREGO FORT MYERS, F	R BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BARRACO, CARL 2271 MCGREGOR BLVD STE 100 FORT MYERS, FL 33901	

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: DOUGLAS A. DODSON P 04/17/2009