## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#727832** 

FILED Mar 14, 2011 Secretary of State

Entity Name: LEE MEMORIAL HOSPITAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9800 S. HEALTHPARK DRIVE SUITE 350

FORT MYERS, FL 33908

**New Mailing Address: Current Mailing Address:** 

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

FEI Number: 23-7160360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DODSON, DOUGLAS A 9800 S. HEALTHPARK DR SUITE 350 FORT MYERS, FL 33908 US

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:**

NOLAND, JOHN A Name: Address: 1715 MONROE ST City-St-Zip: FORT MYERS, FL 33902

Title:

Name: ROBINSON, DAVID G PHD Address: 5861 WILD FIG LANE City-St-Zip: FORT MYERS, FL 33919

Title:

REASONER, GARRETT H Name: Address: 15160 HARBOUR ISLE DRIVE #402

City-St-Zip: FORT MYERS, FL 33908

Title:

Name: EDWARDS, CHARLES SR 15831 TURNBRIDGE COURT Address:

City-St-Zip: FT MYERS, FL 33908

Title:

STRAYHORN, BRUCE Name: 2125 FIRST STREET STE 201 Address: FORT MYERS, FL 33901 City-St-Zip:

Title:

BARRACO, CARL Name:

Address: 2271 MCGREGOR BLVD STE 100 FORT MYERS, FL 33901 City-St-Zip:

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: DOUGLAS A. DODSON **PRES** 03/14/2011