2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

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

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

Title: T
Name: REASONER, GARRETT H
Address: 15160 HARBOUR ISLE DRIVE #402
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: EDWARDS, CHARLES SR
Address: 15831 TURNBRIDGE COURT
City-St-Zip: FT MYERS, FL 33908

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

Title: VC
Name: BARRACO, CARL
Address: 2271 MCGREGOR BLVD STE 100
City-St-Zip: FORT MYERS, FL 33901

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: JOHN A. NOLAND C 03/22/2012

Electronic Signature of Signing Officer or Director — Date