

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730628

FILED
Feb 10, 2009
Secretary of State

Entity Name: THE CAPE CORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

708 DEL PRADO BLVD.
BOX 12
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

708 DEL PRADO BLVD.
BOX 12
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 51-0187842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILLICUDDY, MARY A
LEE MEMORIAL HEALTH SYSTEM
2776 CLEVELAND AVENUE
FORT MYERS, FL 33901 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 () Delete
Name: NATHAN, JAMES R
Address: 9800 S. HEALTH PARK DR., SUITE 200
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: WIEST, JOHN
Address: 636 DEL PRADO BLVD., 5TH FLOOR
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: MCGILLICUDDY, MARY A
Address: 2776 CLEVELAND AVENUE
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:

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: JOHN WIEST

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date