FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747940 (5)

1. Corporation Name

LEE MEMORIAL HOME HEALTH, INC.

Principal Place of Business	Mailing Address
2776 CLEVELAND AVE. P O BOX 2218 FT MYERS FL 33902-2218	2776 CLEVELAND AVE. P O BOX 2218 FT MYERS FL 33902-2218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1979
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2186101 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MCCURDY, ROBERT C.
% LEE MEMORIAL HOSPITAL
2776 CLEVELAND AVENUE
FT. MYERS FL 33902

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	T	1.1 TITLE	☐ Change ☑ Addition
NAME	COGGINS, LESTER, SR.	1.2 NAME	400001426614
STREET ADDRESS	18621 TELEGRAPH CREEK LN	1.3 STREET ADDRESS	-03/10/95--01068--007
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	*****$13.80 *****61.25
TITLE	VCD	2.1 TITLE	D ☑ Change ☐ Addition
NAME	MARKS, ANNA E.	2.2 NAME	
STREET ADDRESS	5326 COCOA COURT	2.3 STREET ADDRESS	902 S.E. 21ST STREET
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	FENNING, FRANCES C.	3.2 NAME	GREEN, CAROLE A.
STREET ADDRESS	2780 CLEVELAND AVE S-709	3.3 STREET ADDRESS	5260 S. LANDINGS DRIVE, #1601
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	SD	4.1 TITLE	SD ☑ Change ☐ Addition
NAME	ABELS, MARK	4.2 NAME	ENGLISH, FR. JAMES J.
STREET ADDRESS	821 CAPE VIEW DRIVE	4.3 STREET ADDRESS	1255 FLORIDA AVENUE
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	CD	5.1 TITLE	C ☑ Change ☑ Addition
NAME	BARRETT, LOIS	5.2 NAME	BARRETT, LOIS C.
STREET ADDRESS	242 STEVENS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	5.4 CITY-ST-ZIP	33931
TITLE	D	6.1 TITLE	V ☑ Change ☑ Addition
NAME	GUDGEL, EDWARD M	6.2 NAME	GUDGEL, M.D., EDWARD M.
STREET ADDRESS	13319 OAK HILL LOOP SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	33912

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/21/95 (813) 334-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lois C. Barrett

0090110

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEE MEMORIAL HOME HEALTH, INC.
ANNUAL REPORT 1995
DOCUMENT 747940

BOARD OF DIRECTORS (CONTINUED)

S
MARTIN, WILLIAM
15890 LAKE POINT COURT
N. FORT MYERS, FL 33917

D
SHANK, KIMBERLEY
1110 N.E. 13TH PLACE
CAPE CORAL, FL 33909

D
ATKINSON, D.D.S., JOHN
270 EGRET AVENUE
FORT MYERS BEACH, FL 33931

D
DANIELS, LARRY
2525 E. FIRST STREET
APARTMENT 105A
FORT MYERS, FL 33901