FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

747940

(5)

LEE MEMORIAL HOME HEALTH, INC.

LEE ME	MONIAL HOME HEALTH, II	V O.				
Principal Place	of Business	Mailing Address			1 14 8 11 14 8 18 1 14 8 18 1 14 8 18 1	III dell digit didit didit avan avan avan
2776 CLEVELAND AVE.		27/6 CLEVELAND AVE.				
P O BOX 2210		P O BOX 2218	200 884 0			
FT MYERS FL 33902-2218		FT MYERS FL 33902-2218			 Date Incorporated or Qualified 07/03/1979 	3a. Date of Last Report 03/09/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	S		4. FEI Number 59-2186101	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry		or intangible tay under s. 199.032,
4	25	29	30		Florida Statutes	Yes MNo
	9. Name and Address of Curren	nt Registered Agent		54 11	10. Name and Address of New	Hegistered Agent
				81 Name)	
MCCURDY, ROBERT C. % LEE MEMORIAL HOSPITAL				82 Stree	t Address (P.O. Box Number is Not Accept	able)
	EVELAND AVENUE		83			
-	RS FL 33902			84 City		85 Zip Code
				i i 1	corporation submits this statement for the p	FL
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was a tion 617.0503, Florida S	uthorized by the d tatutes.	corporation	s board of directors. I hereby accept the ap	opointment as registered agent. I am
	Signature typed or printed name of registered agriculture.		INOTE: Registered	Agent signature	a required when reinstating) ADD:TIONS/CHANGES TO D	FFICERS AND DIRECTORS IN .2
12.	OFFICERS AN	D DIRECTORS		TI F	T/B	Change [Addition
TITLE	COGGINS, LESTER, SR.	L. Deec	12 N		1/1	
NAME Street address	18621 TELEGRAPH CREEK LI	N	L	reet address		
	ALVA FL	•		ITY-ST-ZIP		33920
CITY-ST-ZIP TITLE	VCD	DELE			D	Change Addition
NAME	MARKS, ANNA E.		22 N	AME		
STREET ADDRESS	902 S.E. 21ST STREET		235	TREET ADDRESS	s	
CITY - ST - ZIP	CAPE CORAL FL 33990		2 40	HTY-ST-ZIP		
TITLE	D	□DELE	TE 31 T	TLE		Change Addition
NAME	GREEN, CAROLE A		3 2 N			
STREET ADDRESS	5260 S. LANDINGS DRIVE #1	1601		TREET ADDRESS	S	
CITY - S1 - ZIP	FT. MYERS FL 33919			CITY-ST-ZIP	+	Change Addition
TITLE	SD IAMES I ENGLISH	DEFE	•		D	E 3.4000
NAME	FR. JAMES J. ENGLISH 1255 FLORIDA AVENUE			iam e Treet adores:	e e	
STREET ADDRESS				ITY-ST-ZIP	3	/ /
DITY-ST-ZIP TITLE	FT. MYERS FL 33901	DELE			C/D	Change Addition
NAME	BARRETT, LOIS	_,****		AME	BARRETT, LOIS C.	
STREET ADDRESS	242 STEVENS BLVD.			TREET ADDRES		
CITY-ST-ZIP	FT. MYERS BEACH FL		540	ITY-ST-ZIP		33931 Withange MAddition
TITLE	VD	DELE	TE 61T	ITLE	VC/D	Change Addition
NAME	GUDGEL, EDWARD M		6.2 M	IAME	GUDGEL, M.D., EDU	UNKD H.
STREET ADDRESS	13319 OAK HILL LOOP SE		6.3 \$	TREET ADDRES	s	22010
CITY-ST-ZIP	FT MYERS FL		640	ITY-ST-ZIP		339/2
certify that oath: that		nual report or supplement poration or the receiver o	ntai annuai report ir trustee empowe		qualify for the exemption stated in Section 1 accurate and that my signature shall have bute this report as required by Chapter 617	

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LEE MEMORIAL HOME HEALTH, INC. ANNUAL REPORT 1996 DOCUMENT 747940

BOARD OF DIRECTORS (CONTINUED)

S/D 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