

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/03/1979</b>		3a. Date of Last Report <b>02/16/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2186101</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCURDY, ROBERT C. % LEE MEMORIAL HOSPITAL 2776 CLEVELAND AVENUE FT. MYERS FL 33902				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COGGINS, LESTER, SR.			1.2 NAME	Marilyn Stout		
STREET ADDRESS	18621 TELEGRAPH CREEK LN			1.3 STREET ADDRESS	4925 Southwest 10th Avenue		
CITY-ST-ZIP	ALVA FL 33920			1.4 CITY-ST-ZIP	Cape Coral, FL 33914		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARKS, ANNA E.			2.2 NAME	Mike Ellis		
STREET ADDRESS	902 S.E. 21ST STREET			2.3 STREET ADDRESS	2348 Sycamore Street		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	St. James City, FL 33956		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREEN, CAROLE A	DS		3.2 NAME	Dr. John Atkinson		
STREET ADDRESS	5260 S. LANDINGS DRIVE #1601			3.3 STREET ADDRESS	270 Egret Avenue		
CITY-ST-ZIP	FT. MYERS FL 33919			3.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FR. JAMES J. ENGLISH	DVC		4.2 NAME	William Martin		
STREET ADDRESS	1255 FLORIDA AVENUE			4.3 STREET ADDRESS	Bayshore Village - 15890 Lake Point Ct.		
CITY-ST-ZIP	FT. MYERS FL			4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE	CD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRETT, LOIS C.			5.2 NAME	Larry Daniels		
STREET ADDRESS	242 STEVENS BLVD.			5.3 STREET ADDRESS	2525 East Firtst St., Apt. A-105		
CITY-ST-ZIP	FT. MYERS BEACH FL 33931			5.4 CITY-ST-ZIP	Fort Myers, FL 33901		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUDGE, M.D. E			6.2 NAME	Pete Doragh		
STREET ADDRESS	13319 OAK HILL LOOP SE			6.3 STREET ADDRESS	12071 Wedge Drive		
CITY-ST-ZIP	FT MYERS FL			6.4 CITY-ST-ZIP	Fort Myers, FL 33913		

14. I do hereby certify that the information supplied with this filing 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.

*Margery May*

CR2E037 (9/96)