


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**



3. Date Incorporated or Qualified

07/03/1979

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COGGINS, LESTER, SR.	
STREET ADDRESS	18621 TELEGRAPH CREEK LN	
CITY - ST - ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, MIKE	
STREET ADDRESS	2348 SYCAMORE ST	
CITY - ST - ZIP	ST JAMES CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GREEN, CAROLE A	
STREET ADDRESS	5260 S. LANDINGS DRIVE #1601	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	FR. JAMES J. ENGLISH	
STREET ADDRESS	1255 FLORIDA AVENUE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARRETT, LOIS C.	
STREET ADDRESS	242 STEVENS BLVD.	
CITY - ST - ZIP	FT. MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAGH, PETE	
STREET ADDRESS	12071 WEDGE DRIVE	
CITY - ST - ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33956
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33919
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33901
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33931
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	33913

14. I 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

Date

941-332-6440

Daytime Phone # 0057839

CR2E037 (10/97)

NONPROFIT CORPORATION ANNUAL REPORT
LEE MEMORIAL HOME HEALTH, INC.
DOCUMENT # 747940

D Addition
Stout, Marilyn
4925 S.W. 10th Avenue
Cape Coral, FL 33914

D Addition
Atkinson, John
270 Egret Avenue
Fort Myers Beach, FL 33931

D Addition
Mann, Franklin
17281 Brenfield Lane
Alva, FL 33920

D Addition
Martin, William
Bayshore Village
15890 Lakepoint Court
North Fort Myers, FL 33917

D Addition
Daniels, Larry
2525 E. First Street, Apt. A-105
Fort Myers, FL 33901