1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747940

1. Corporation Name

LEE MEMORIAL HOME HEALTH, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2776 CLEVELAND AVE. P O BOX 2218 FT MYERS FL 33902-2218

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 11, 1999 8:00 am § Secretary of State

05-11-1999 90045 033 ****61.25

545565 - 90045 - 33

3. Date Incorporated or Qualifed

07/03/1979

4. FEI Number

City & State City & State	22		27			59-2186101	Not	Applicable
2p Country Zip Country Zip Country Zip Country St. 100 May Be Added to Fees P. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address	City & State		City & State			5. Certificate of Status Desired		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name MCCURDY, ROBERT C. % LEE MEMORIAL HOSPITAL 2776 CLEVELAND AVENUE FT. MYERS FL 33902 14. Pursuant to the provisions of Sections 617 0502 and 617 1500. Florida Statutes, the above-named corporation automits, this statement for the purpose of changing its registered officer or registered of 100 in the State of Florida Such change was automoted by the corporation automits, this statement for the purpose of changing its registered officer or registered of 100 in the State of Florida Such change was automoted by the corporation automits, this statement for the purpose of changing its registered officer or registered of 100 in the State of Florida Such change was automoted by the corporation automits, this statement for the purpose of changing its registered officer or registered of registered registered in familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation automits, this statement for the purpose of changing its registered officer or registered officers or purposed or registered automoted by the corporation's purpose of registered defect or registered of rectors. I hereby accept the appointment as registered officer or registered of rectors. I hereby accept the appointment as registered officer or registered officer or registered of rectors. I hereby accept the appointment as registered officer or registered officer or registered of rectors. I hereby accept the appointment as registered officer or registered officer or registered officers. I hereby accept the appointment as registered officers and purpose of changing its registered officers. I hereby accept the appointment as registered officers. I h				Carratar				
9. Name and Address of Current Registered Agent State Sta	Zip	———	· _	_ `		, , ,		•
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## CIEVELAND AVENUE ## CIE				"	Name			
2776 CLEVELAND AVENUE FT. MYERS FL 33902 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signat	MCCURDY, ROBERT C.				Street A	Address (P.O. Box Number is Not Acceptable)		
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UIT-51-ZIF ALVA FL 339ZU								
14. Upgraphy cartify 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	14 I harabu	Partify that the information supplied with	this filing does not qualify for th	e exempti	on stated	in Section 119 07(3)(i). Florida Statutes. I further ce	rtify that the ir	nformation

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, with all other like empowered.

SIGNATURE:

4/26/99 941-332-6440 Date Daytime Phone #

Applied For

545565-90045-33 Doc# 747940

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

Addition

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

D Martin, William Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917