

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 747940**

1. Entity Name

LEE MEMORIAL HOME HEALTH, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90113 001 ***306.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2186101

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROSEN, SPRING
1747 JEWEL BOX DR
SANIBEL FL 33957 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chair
ROSEN, SPRING
1747 JEWEL BOX DRIVE
SANIBEL, FL. 33957 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STOUT, MARILYN
2907 SW 29 AVE
CAPE CORAL FL 33914 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVC
FR. JAMES J. ENGLISH
1255 FLORIDA AVENUE
FT. MYERS FL 33901 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chair
FR. JAMES J. ENGLISH
1255 STEVENS BOULEVARD
FORT MYERS, FL. 33901 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARRETT, LOIS C.
242 STEVENS BLVD.
FT. MYERS BEACH FL 33931 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DORAGH, PETE
12071 WEDGE DRIVE
FT MYERS FL 33913 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
DORAGH, PETE
12071 WEDGE DRIVE
FORT MYERS, FL. 33913 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNER, ROSEMARY
18061 INTERLOCHEN LN
ALVA FL 33920 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
CONNER, ROSEMARY
18061 INTERLOCHEN LN
ALVA, FL. 33920 ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

941-334-5382

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

Lee Memorial Home Health, Inc.

Treasurer

Jo Ellen Beauvois
1766 Cape Coral Pkwy E304
Cape Coral, FL 33904

Director

Nancy McGovern
785 South Entrada Drive
Fort Myers, FL 33919

Director

Linda Brown
3731 Liberty Square
Fort Myers, FL 33908

Director

William Martin
Bayshore Village
15890 Lake Point Court
North Fort Myers, FL 33917

Director

James Green
P.O. Box 91
Fort Myers, FL 33902

DOC # [REDACTED] 747940

[REDACTED] 65673
[REDACTED]