


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 032 ****70.00

DOCUMENT # 747940 1. Entity Name LEE MEMORIAL HOME HEALTH, INC.					
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCURDY, ROBERT C. C/O 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, LINDA ARNP 13115 FEATHER SOUND DR UNIT 105 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUVOIS, JO ELLEN 208 CAPE CORAL PKWY E#111 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM 15890 LAKE POINT CT., BAYSHORE VILLAGE NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARRETT, LOIS C. 242 STEVENS BLVD. FT. MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAGH, PETE 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGOVERN, NANCY RN 785 SOUTH ENTRADA DR. FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached				
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: <u>Linda Brown Arnp</u> <u>2/2/04</u> <u>239-339-5382</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

747 940

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS

Fort Myers, Florida

2004 BOARD OF DIRECTORS

DISTRICT	BOARD MEMBERS REGULAR MAILING ADDRESSES	OFFICE /HOME PHONE	HOME PHONE
1	<u>BOARD TREASURER</u> Mrs. Spring Rosen P.O. Box 1216 Sanibel, FL 33957		334-5943 Fax: 336-6194
1	<u>BOARD SECRETARY</u> Mrs. Jo Ellen Beauvois 208 Cape Coral Pkwy E #111 Cape Coral, FL 33904		542-7002 FAX: 542-3416
2	<u>VICE CHAIRMAN</u> Ms. Nancy McGovern, RN 785 South Entrada Drive Fort Myers, FL 33919		433-2690 Fax: 433-2929
2	Dr. Michael Fletcher 1462 Friendship Walkway Fort Myers, FL 33901		931-3344
3	Mrs. Lois C. Barrett PO Box 307 Fort Myers Beach, FL 33931		463-2813
3	<u>CHAIRMAN:</u> Mrs. Linda Brown, ARNP 11698 Pointe Circle Ft. Myers, FL 33908		481-9521 Fax: 481-3086
4	Mr. E.W. "Boots" Weathers PO Box 437 Alva, FL 33920		728-3846
4	Mr. William Martin Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917		731-3146
5	Mr. James Green P.O. Box 91 Fort Myers, FL 33902		278-5753 Fax: 278-4213
5	Mr. Pete Doragh (Smoot Adams Law Office) 4415 Metro Parkway, Suite 325 Fort Myers, FL 33916	489-1776 Fax: 489-2444	