


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 042 ****61.25

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 MARY A McDiarmid Street Address (P.O. Box Number is Not Acceptable) 90 Lee Memorial Hospital 2776 Cleveland Ave City Ft Myers FL Zip Code 33902	
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 <i>Mary A. McDiarmid</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>8-24-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		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	CD		TITLE	C	
NAME	BROWN, LINDA ARNP <input type="checkbox"/> Delete		NAME	BROWN, LINDA ARNP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11698 POINTE CIRCLE		STREET ADDRESS	14990 Shrike Way	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, WILLIAM		NAME	ENGLISH, JAMES REV	
STREET ADDRESS	15890 LAKE POINT CT., BAYSHORE VILLAGE		STREET ADDRESS	1255 FLORIDA AVE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	Ft Myers FL 33901	
TITLE	VCD <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGOVERN, NANCY RN		NAME	MARILYN Stout	
STREET ADDRESS	785 SOUTH ENTRADA DR.		STREET ADDRESS	2907 SW 29th Ave	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	<input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LOIS C BARRETT MBA	
STREET ADDRESS			STREET ADDRESS	8701 ESTERO BLVD # 607	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Myers FL 33931	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James A. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/18/2006 239-985-3502 <small>Date Daytime Phone #</small>		

LBrown ARNP