

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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**

FILED

2007 NOV-5 AM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10112007 REIN-NP CR2E099 (1/07)

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	
MCGILLICUDDY, MARY A 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$81.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, LINDA ARNP			NAME	John DONALDSON MD		
STREET ADDRESS	14890 SHRIKE WAY			STREET ADDRESS	3487 Broadway		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP	Ft Myers FL 33901		
TITLE	VC	<input checked="" type="checkbox"/> Delete		TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ENGLISH, JAMES REV			NAME	Nancy McGovern, RN		
STREET ADDRESS	1255 FLORIDA AVE			STREET ADDRESS	785 South Entrada Dr		
CITY-ST-ZIP	FORT MYERS, FL 33901			CITY-ST-ZIP	Ft Myers FL 33914		
TITLE	T	<input type="checkbox"/> Delete		TITLE	100112080471	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOUT, MARILYN			NAME	11/07/07--01040--018 **61.25		
STREET ADDRESS	2907 SW 29TH AVE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, LOIS MB			NAME			
STREET ADDRESS	8701 ESTERO BLVD SUITE 607			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			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			
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: _____ Date: 10-12-7 Daytime Phone #: 239-334-5382

11/5