

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747940

1. Corporation Name

LEE MEMORIAL HOME HEALTH, INC.

2. Principal Office Address - No P.O. Box #

2776 CLEVELAND AVE

Suite, Apt. #, etc.

P O BOX 2218

City & State

FT MYERS FL

Zip

33902

Country

LEE

3. Mailing Office Address

2780 CLEVELAND AVE

Suite, Apt. #, etc.

LEGAL MOC 459

City & State

FT MYERS FL

Zip

33901

Country

LEE

7. Name and Address of Current Registered Agent

Name

MARY A MC GILLICUDDY

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

C/O 2780 CLEVELAND AVE

Suite, Apt. #, Etc.

LEGAL MOC 459

City

FT MYERS

State

FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary A. McGillicuddy

REGISTERED AGENT MUST SIGN

Date **2-16-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	RICHARD B AKIN	1220 WESTFIELD DR	FT MYERS FL 33919
VC	NANCY MCGOVERN	785 SOUTH ESTRADA DR	FT MYERS FL 33914
T	MARILYN STOUT	2907 SW 29TH AVE	CAPE CORAL FL 33914
S	LOIS BARRETT	8701 ESTERO BLVD #607	FT MYERS FL 33931

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard B. Akin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/4

Date

239 334 5382

Daytime Phone #

4/8/09

FILED

09 APR -8 AM 8:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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03/20/09--01021--020 **61.25
REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** **7/3/1979**

5. FEI Number
592186101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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