

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747940

FILED
Jan 06, 2010
Secretary of State

Entity Name: LEE MEMORIAL HOME HEALTH, INC.

Current Principal Place of Business:

2776 CLEVELAND AVE.
P O BOX 2218
FT MYERS, FL 339022218

New Principal Place of Business:

2776 CLEVELAND AVE.
FT MYERS, FL 339022218

Current Mailing Address:

2780 CLEVELAND AVE
LEGAL MOC 459
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2186101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCGILLICUDDY, MARY A
C/O 2780 CLEVELAND AVE
LEGAL MOC 459
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: AKIN, RICHARD B
Address: 1220 WESTFIELD DR
City-St-Zip: FORT MYERS, FL 33919

Title: VC
Name: STOUT, MARILYN
Address: 2907 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: MCDANIEL, DAWSON
Address: 15050 CEMETERY ROAD
City-St-Zip: FT MYERS, FL 33905

Title: S
Name: BROWN, LINDA
Address: 14890 SHIRKE WAY
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD B AKIN

C

01/06/2010

Electronic Signature of Signing Officer or Director

Date