

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90083 049 \*\*\*\*61.25

**DOCUMENT #** 747940

**1. Entity Name**

Lee Memorial Home Health, Inc.



**DO NOT WRITE IN THIS SPACE**

**80026602**

**2. Principal Place of Business** 2776 Cleveland Avenue

**3. Mailing Address** 2776 Cleveland Avenue

Suite, Apt. #, etc.  
PO Box 2218

Suite, Apt. #, etc.  
PO Box 2218

City & State  
Fort Myers, Florida

City & State  
Fort Myers, Florida

Zip Country  
33902-2218 USA

Zip Country  
33902-2218 USA

**4. FEI Number**  
59-2186101

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Robert C. McCurdy

Street Address (P.O. Box Number is Not Acceptable)  
c/o Lee Memorial Health System

2776 Cleveland Avenue

City **FL** Zip Code  
Fort Myers 33901

**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**

**FEE IS \$61.25**

Initial or Amended UBR

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

See attached.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-334-5382

Date

Daytime Phone #

CR2E037B (12/02)

Attachment

747940

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS**

**Fort Myers, Florida  
BOARD OF DIRECTORS 2003**

80026002

**BOARD MEMBERS  
REGULAR MAILING ADDRESSES**

**BOARD TREASURER:**

**Mrs. Spring Rosen**  
P.O. Box 1216  
Sanibel, FL 33957

**Mrs. Jo Ellen Beauvois**  
208 Cape Coral Pkwy E #111  
Cape Coral, FL 33904

**BOARD SECRETARY:**

**Ms. Nancy McGovern, RN**  
785 South Entrada Drive  
Fort Myers, FL 33919

**Dr. Michael Fletcher**  
5238 Mason Corbin Ct. #102  
Ft Myers, FL 33907

**BOARD VICE-CHAIRMAN:**

**Mrs. Lois C. Barrett**  
242 Stevens Boulevard  
Fort Myers Beach, FL 33931

**CHAIRMAN:**

**Mrs. Linda Brown, ARNP**  
13115 Feather Sound Dr.  
Unit #105  
Ft. Myers, FL 33919

**OPEN SEAT AWAITING GUBERNATORIAL APPOINTMENT**

**Mr. William Martin**  
Bayshore Village  
15890 Lake Point Court  
N. Fort Myers, FL 33917

**Mr. James Green**  
P.O. Box 91  
Fort Myers, FL 33902

**Mr. Pete Doragh**  
(Smoot Adams law firm)  
4415 Metro Parkway, Suite 325  
Fort Myers, FL 33916