

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90269 027 \*\*\*\*61.25

DOCUMENT # N03000006579



1. Entity Name  
LONG TERM CARE HOSPITAL OF SW FLORIDA, INC.

Principal Place of Business  
9800 SOUTH HEALTH PARK DRIVE  
SUITE 208  
FORT MYERS, FL 33908

Mailing Address  
9800 SOUTH HEALTH PARK DRIVE  
SUITE 208  
FORT MYERS, FL 33908

4/28/04 - 90269-027 61.25



2. Principal Place of Business  
9800 S. Health Park Dr.  
Suite, Apt. #, etc. Suite 350

3. Mailing Address  
9800 S. Health Park Drive  
Suite, Apt. #, etc. Suite 350

03192003 Chg-NP CR2E037 (10/03)

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

4. FEI Number  
20-0142675

Applied For  
Not Applicable

Zip  
33908

Country  
USA

Zip  
33908

Country  
USA

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

DODSON, DOUGLAS A  
9800 SOUTH HEALTH PARK DRIVE  
SUITE 208  
FORT MYERS, FL 33908

Name (SAME)

Street Address (P.O. Box Number is Not Acceptable)  
9800 S. Health Park Dr.

Suite 350

City Ft. Myers

FL

Zip Code 33908

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 DOUGLAS A. DODSON, PRESIDENT

6/15/04

Filing Fee is \$61.25  
Due by September 8, 2004

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	PD BECKETT, JOHN T 2925 CORTEZ BOULEVARD FORT MYERS, FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEMER, GEORGE T 5652 ARVINE CIRCLE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTHMAN, THOMAS F 5050 NORTHAMPTON DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Vice Chairman GARRETT H. REASONER 15160 Harbour Isle Dr. #402 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Secretary SUZANNE H. EDWARDS 14581 Headwater Bay Lane Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04 239-489-0023  
Date Daytime Phone #