



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005689 1. Entity Name LEE MEMORIAL MEDICAL MANAGEMENT, INC.						FILED 07 AUG -1 AM 10: 50 	
Principal Place of Business 2776 CLEVELAND AVE FT. MYERS, FL 33901				Mailing Address 2776 CLEVELAND AVE FT. MYERS, FL 33901			
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	
4. FEI Number 59-2559835				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCURDY, ROBERT C 2776 CLEVELAND AVE SUITE 459 FT. MYERS, FL 33901				7. Name and Address of New Registered Agent Name Mary A McGillicuddy Street Address (P.O. Box Number, is Not Acceptable) 2776 Cleveland Ave Suite 459 City Ft Myers FL FL Zip Code 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 <i>Mary A McGillicuddy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOUT, MARILYN 2907 SW 29TH AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300107264013		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ENGLISH, JAMES J REV 1255 FLORIDA AVE FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC 08/03/07--01052--005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY MCGOVERN, RN MSN 785 South Entrada Drive Ft Myers FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, LOIS 8701 ESTERO BLVD, NO. 607 FT. MYERS, FL 33931 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, LINDA L ARNP 14890 SHRIKE WAY FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	C John D Donobison MD 3487 Broadway Ft Myers FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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 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 either like empowered.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small> 7-10-07 <small>Daytime Phone #</small>							

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