

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005689

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: LEE MEMORIAL MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

2776 CLEVELAND AVE  
LEGAL MOC 459  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2776 CLEVELAND AVE  
LEGAL MOC 459  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-2559835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGILLICUDDY, MARY A  
2776 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: T  
Name: MCDANIEL, DAWSON  
Address: 15050 CEMETERY RD  
City-St-Zip: FT MYERS, FL 33905

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

Title: S  
Name: BARRETT, LOIS  
Address: 8701 ESTERO BLVD, #607  
City-St-Zip: FT. MYERS, FL 33931

Title: C  
Name: BROWN, LINDA  
Address: 14890 SHRIKE WAY  
City-St-Zip: FT. 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