

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005689

FILED
Feb 28, 2011
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: STOUT, MARILYN
Address: 2907 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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

Title: S
Name: MCGOVERN, NANCY
Address: 785 ENTRADA DRIVE SOUTH
City-St-Zip: FORT MYERS, FL 33919

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

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: MARY A. MCGILLICUDDY

CLO

02/28/2011

Electronic Signature of Signing Officer or Director

Date