FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:44

DOCUMENT # N10836 (7)

1. Corporation Name

LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
% ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5964	% ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1985
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2559835 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCCURDY, ROBERT C
LEE MEMORIAL HOSPITAL
2776 CLEVELAND AVE.
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VC	☑ Change ☑ Addition
NAME	GUDGEL, EDWARD M	1.2 NAME	GUDGEL, M.D., EDWARD M.	
STREET ADDRESS	13319 OAK HILL LOOP SE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	33912	
TITLE	D	2.1 TITLE	S	☑ Change ☑ Addition
NAME	MARTIN, WILLIAM	2.2 NAME		
STREET ADDRESS	15890 LAKE POINT COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL	2.4 CITY-ST-ZIP	33917	
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	MARKS, ANNA E.	3.2 NAME		
STREET ADDRESS	5326 COCOA COURT	3.3 STREET ADDRESS	902 S.E. 21ST STREET	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	DANIELS, LARRY	4.2 NAME		
STREET ADDRESS	4812 HUNTERS GREEN DRIVE	4.3 STREET ADDRESS	2625 E. FIRST STREET, APT. 105A	
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	CD	5.1 TITLE	C	☑ Change ☑ Addition
NAME	BARRETT, LOIS	5.2 NAME	BARRETT, LOIS C.	
STREET ADDRESS	242 STEVENS BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	5.4 CITY-ST-ZIP	33931	
TITLE	D	6.1 TITLE		☐ Change ☑ Addition
NAME	SHANK, KIMBERLY	6.2 NAME		
STREET ADDRESS	1110 NE 13TH PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	33909	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois C. Barrett 2/21/95 (813) 334-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lois C. Barrett

0068048

LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INC.
ANNUAL REPORT 1995
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BOARD OF DIRECTORS (CONTINUED)

D
GREEN, CAROLE A.
5260 S. LANDINGS DRIVE
#1601
FORT MYERS, FL 33919

D
ENGLISH, FR. JAMES J.
1255 FLORIDA AVENUE
FORT MYERS, FL 33901

D
ATKINSON, D.D.S., JOHN
270 EGRET AVENUE
FORT MYERS BEACH, FL 33931

T
COGGINS, LESTER
18621 TELEGRAPH CREEK LANE
ALVA, FL 33920