## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N10836

(7)

LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INCORPORATED					
Principal Place	of Business	Mailing Address			
% ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864  % ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864  FT MYERS FL 33901-5864					
				<ol> <li>Date Incorporated or Qualified 08/23/1985</li> </ol>	3a. Date of Last Report 03/08/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2559835	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	gistered Agent
			81 Name		
MCCURDY, ROBERT C LEE MEMORIAL HOSPITAL			82 Street Ad	dress (P.O. Box Number is Not Acceptable	s)
2776 CL	eveland ave.		83		
FT MYERS FL 33901			84 City		FL 85 Zip Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da, Such change was authorized l ion 617,0503, Florida Statutes.	by the corporation's bo	oration submits this statement for the purp aard of directors. I hereby accept the appoi	intment as registered agent. I am
12.	Signature, typed or printed name of registeres ager to OFFICERS ANI		Registered Agent signatura recici  13.	ired when reinstating!  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 1
TITLE	VC	DELETE	11 TITLE	VC/D	Change Addition
NAME	GUDGEL, EDWARD M. M		, 12 NAME	V- 12	
STREET ADDRESS	13319 OAK HILL LOOP SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		3.3912 Whange WAddition
TIFLE	S	□ DELETE	2 1 TITLE	SID	La Change Addition
NAME	MARTIN, WILLIAM		2 2 NAME		
STREET ADDRESS	15890 LAKE POINT COURT N. FORT MYERS FL		2 3 STREET ADDRESS		33917
CITY-ST-ZIP	D D	DELETE	2 4 CHY-ST-ZIP 31 TITLE		Change Addition
NAME	MARKS, ANNA E.	<u> </u>	3.2 NAME		_ <del>_</del>
STREET ADDRESS	902 SE 21ST STREET	/	3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4. CiTY - ST - ZIP		33990
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	DANIELS, LARRY		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		220N
CITY-ST-ZIP	FORT MYERS FL	DELETE	4.4 CHTY - ST - ZIP 5 1 TITLE	C/D	DChange Addition
TITLE NAME	BARRETT, LOIS 242 STEVENS BLVD. FT. MYERS BCH FL	10 1 CX-	5 2 NAME	C/D	(A) average (A) treation
STREET ADDRESS	242 STEVENS BLVD	1 C. Warrell	5.3 STREET ADDRESS	BARRETT, LOIS C.	
CITY-ST-ZIP	FT. MYERS BCH FL		5 4 CITY-ST-ZIP		33931
TITLE	D	DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SHANK, KIMBERLY	_	6 2 NAME		
STREET ADDRESS	AAAA AIR AATH DI AAR		6.3 STREET ADDRESS		_
}	CARE CORAL EL				22009

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)(k). 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 cath; 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: (

1-26-96 941-334-5952

CR2E037 (12/95)

## LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INC. ANNUAL REPORT 1996 DOCUMENT N10836

## **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/D COGGINS, LESTER 18621 TELEGRAPH CREEK LANE ALVA, FL 33920