

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N10836 (7)**

1. Corporation Name  
**LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INCORPORATED**

Principal Place of Business <b>% ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864</b>	Mailing Address <b>% ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864</b>
--	--

2. Principal Place of Business <b>21 2776 Cleveland Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2776 Cleveland Avenue</b> Suite, Apt. #, etc.
22 City & State <b>23 Fort Myers, Florida</b>	27 City & State <b>28 Fort Myers, Florida</b>
24 Zip <b>33901-5864</b>	25 Country <b>Lee</b>

3. Date Incorporated or Qualified <b>08/23/1985</b>	3a. Date of Last Report <b>02/15/1996</b>
--	--

4. FEI Number <b>59-2559835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GUDGEL, EDWARD M. M</b>	
STREET ADDRESS	<b>13319 OAK HILL LOOP SE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, WILLIAM</b>	
STREET ADDRESS	<b>15890 LAKE POINT COURT</b>	
CITY-ST-ZIP	<b>N. FORT MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARKS, ANNA E.</b>	
STREET ADDRESS	<b>902 SE 21ST STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANIELS, LARRY</b>	
STREET ADDRESS	<b>2525 E FIRST ST #105A</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRETT, LOIS C.</b>	
STREET ADDRESS	<b>242 STEVENS BLVD.</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHANK, KIMBERLY</b>	
STREET ADDRESS	<b>1110 NE 13TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mike Ellis</b>	
1.3 STREET ADDRESS	<b>2348 Sycamore Street</b>	
1.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>	
2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>William Martin</b>	
2.3 STREET ADDRESS	<b>Bayshore Village - 15890 LakePoint Court</b>	
2.4 CITY-ST-ZIP	<b>N. Ft. Myers, FL 33917</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Marilyn Stout</b>	
3.3 STREET ADDRESS	<b>4925 Southwest 10th Avenue</b>	
3.4 CITY-ST-ZIP	<b>Cape Coral, Florida 33914</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>Apt. A-105</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	<b>33931</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Carole Green</b>	
6.3 STREET ADDRESS	<b>5260 S. Landings Drive #1601</b>	
6.4 CITY-ST-ZIP	<b>Fort Myers, Florida 33919</b>	

14. I do hereby certify that the information supplied with this filing 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: Cindy N. Barrett **REQUIRED** 3-14-97 941-332-6460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053784

CR2E037 (9/96)

**LEE MEMORIAL HOME HEALTH SERVICES, INC.  
ANNUAL REPORT 1997  
DOCUMENT N10836**

**Vice Chair  
Father James J. English  
1255 Florida Avenue  
Fort Myers, FL 33901**

**Director  
Pete Doragh  
12071 Wedge Drive  
Fort Myers, FL 33913**

**Treasurer  
Lester Coggins, Sr.  
18621 Telegraph Creek Lane  
Alva, FL 33920**

**Director  
John Atkinson, D.D.S.  
270 Egret Avenue  
Fort Myers Beach, FL 33931**