


5-15-98 B- 1505 -C
FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N10836 (7) 1. Corporation Name LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INCORPORATED			
Principal Place of Business % ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864 US		Mailing Address % ROBERT C MCCURDY 2776 CLEVELAND AVE FT MYERS FL 33901-5864	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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 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 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 CHANGE 2.6 ADDITION 2.7 TITLE 2.8 NAME 2.9 STREET ADDRESS 2.10 CITY-ST-ZIP 2.11 CHANGE 2.12 ADDITION 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 CHANGE 2.18 ADDITION 2.19 TITLE 2.20 NAME 2.21 STREET ADDRESS 2.22 CITY-ST-ZIP 2.23 CHANGE 2.24 ADDITION			
14. I 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: _____ LOIS C. BARRETT			



CR2E037 (10/97)

4/9/98 941-332-6460
Date Daytime Phone # 0057838

**LEE MEMORIAL HOME HEALTH SERVICES, INC.
ANNUAL REPORT 1998
DOCUMENT # N10836**

Vice Chair Father James J. English 1255 Florida Avenue Fort Myers, FL 33901	Addition
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Treasurer Pete Doragh 12071 Wedge Drive Fort Myers, FL 33913	Change
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Treasurer Lester Coggins, Sr. 18621 Telegraph Creek Lane Alva, FL 33920	Delete
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Member John Atkinson, D.D.S. 270 Egret Avenue Fort Myers Beach, FL 33931	Addition
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Secretary Carole A. Green 5260 S. Landings Drive, #1601 Fort Myers, FL 33919	Addition
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Member Franklin Mann, Sr. 17281 Brenfield Lane Alva, FL 33920	Addition
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