

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90045 034 \*\*\*\*61.25

**DOCUMENT # N10836**

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.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

Country

3. Date Incorporated or Qualified

**08/23/1985**

4. FEI Number

**59-2559835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

D  
NAME  
ELLIS, MIKE  
STREET ADDRESS  
2438 SYCAMORE ST  
CITY-ST-ZIP  
ST JAMES CITY FL 33956

TITLE ☐ DELETE

SD  
NAME  
MARTIN, WILLIAM  
STREET ADDRESS  
15890 LAKE POINT COURT  
CITY-ST-ZIP  
N. FORT MYERS FL

TITLE ☒ DELETE

D  
NAME  
MARTIN, WILLIAM  
STREET ADDRESS  
BAYSHORE VILLAGE, 15890 LAKEPOINT CT  
CITY-ST-ZIP  
N FT MYERS FL 33917

TITLE ☐ DELETE

D  
NAME  
DANIELS, LARRY  
STREET ADDRESS  
APT. A-105 2525 E FIRST ST  
CITY-ST-ZIP  
FORT MYERS FL 33901

TITLE ☐ DELETE

CD  
NAME  
BARRETT, LOIS C.  
STREET ADDRESS  
242 STEVENS BLVD.  
CITY-ST-ZIP  
FT MYERS FL 33931

TITLE ☐ DELETE

D  
NAME  
STOUT, MARILYN  
STREET ADDRESS  
4925 SOUTHWEST 10TH AVE  
CITY-ST-ZIP  
CAPE CORAL FL 33914

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D  
1.2 NAME  
Rosen, Spring  
1.3 STREET ADDRESS  
1747 Jewel Box Drive  
1.4 CITY-ST-ZIP  
Sanibel, FL 33957

2.1 TITLE

D  
2.2 NAME  
Martin, William  
2.3 STREET ADDRESS  
15890 Lake Point Court  
2.4 CITY-ST-ZIP  
N. Fort Myers, FL 33917

3.1 TITLE

DVC  
3.2 NAME  
English, Father James J.  
3.3 STREET ADDRESS  
1255 Florida Avenue  
3.4 CITY-ST-ZIP  
Fort Myers, FL 33901

4.1 TITLE

D  
4.2 NAME  
Atkinson, John, D.D.S.  
4.3 STREET ADDRESS  
270 Egret Avenue  
4.4 CITY-ST-ZIP  
Fort Myers Beach, FL 33931

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Ft Myers Beach, FL 33931

6.1 TITLE

SD  
6.2 NAME  
Stout, Marilyn  
6.3 STREET ADDRESS  
2907 S.W. 19th Avenue  
6.4 CITY-ST-ZIP  
Cape Coral, FL 33914

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, with all other like empowered.

SIGNATURE:

*Lois C. Barrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

941-332-6460

Daytime Phone #

CR2E037 (11/98)

545566-90045-34  
N10836

**NONPROFIT CORPORATION ANNUAL REPORT  
LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES, INC.  
DOCUMENT #N10836**

**Addition**

**D**

**Conner, Rosemary  
18061 Interlochen Lane  
Alva, FL 33920**

**TD**

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

**D**

**McGovern, R.N., Nancy  
785 South Entrada Drive  
Fort Myers, FL 33919**