

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90195 040 ****61.25

DOCUMENT # N10836

1. Entity Name

LEE MEMORIAL HOSPITAL HOME HEALTH CARE SERVICES,

Principal Place of Business

Mailing Address

% ROBERT C MCCURDY
 2776 CLEVELAND AVE
 FT MYERS FL 33901-5864
 US

% ROBERT C MCCURDY
 2776 CLEVELAND AVE
 FT MYERS FL 33901-5864

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2559835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, SPRING 1747 JEWEL BOX DR SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM 15890 LAKE POINT COURT N. FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ENGLISH, FATHER JAMES J 1255 FLORIDA AVE N FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, LARRY APT. A-105 2525 E FIRST ST FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARRETT, LOIS C. 242 STEVENS BLVD. FT MYERS BCH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOUT, MARILYN 2907 SW 19 AVE CAPE CORAL FL 33914	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEN, SPRING 1747 JEWEL BOX DRIVE SANIBEL FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DORAGH, PETE 12071 WEDGE DRIVE FORT MYERS FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, NANCY RN 785 SOUTH ENTRADA DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, JOHN DDS 270 EGRET AVENUE FORT MYERS FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, LOIS C. 242 STEVENS BOULEVARD FORT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOUT, MARILYN 2907 SW 29TH AVENUE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

2000 Uniform Business Report (UBR)
Document #N10836
Lee Memorial Hospital Home Health Care Services

D0038930

ADDITIONS

D
CONNER, ROSEMARY
18061 INTERLOCHEN LANE
ALVA, FL 33920

D
MARTIN, WILLIAM
15890 LAKE POINT COURT
NORTH FORT MYRS, FL 33917

D
DANIELS, LARRY
2525 E. FIRST STREET, APT A-105
FORT MYERS, FL 33901