NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90083 048 ****61.25

DOCUMENT # N44499

1. Entity Name
HealthPark Care Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1631 Roserush Court
Suite, Apt. #, etc.
City & State: Fort Myers, Florida
Zip: 33908 Country: Lee

3. Mailing Address
2776 Cleveland Avenue
Suite, Apt. #, etc.
City & State: Fort Myers, Florida
Zip: 33901 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0319983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert C. McCurdy
Street Address (P.O. Box Number is Not Acceptable): c/o Lee Memorial Health System
2776 Cleveland Avenue
City: Fort Myers FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached.
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Brown Asst 239-334-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

N44499

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
Fort Myers, Florida
BOARD OF DIRECTORS 2003

8/26/03

BOARD MEMBERS *REGULAR MAILING ADDRESSES*
BOARD TREASURER: **Mrs. Spring Rosen** P.O. Box 1216 Sanibel, FL 33957
Mrs. Jo Ellen Beauvois 208 Cape Coral Pkwy E #111 Cape Coral, FL 33904
BOARD SECRETARY: **Ms. Nancy McGovern, RN** 785 South Entrada Drive Fort Myers, FL 33919
Dr. Michael Fletcher 5238 Mason Corbin Ct. #102 Ft Myers, Fl 33907
BOARD VICE-CHAIRMAN: **Mrs. Lois C. Barrett** 242 Stevens Boulevard Fort Myers Beach, FL 33931
CHAIRMAN: **Mrs. Linda Brown, ARNP** 13115 Feather Sound Dr. Unit #105 Ft. Myers, FL 33919
OPEN SEAT AWAITING GUBERNATORIAL APPOINTMENT
Mr. William Martin Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917
Mr. James Green P.O. Box 91 Fort Myers, FL 33902
Mr. Pete Doragh (Smoot Adams law firm) 4415 Metro Parkway, Suite 325 Fort Myers, FL 33916