

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90014 047 ****70.00

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000002633 1. Entity Name CAPE MEMORIAL HOSPITAL, INC.					
Principal Place of Business 636 DELPRADO BLVD CAPE CORAL, FL 33990			Mailing Address 2776 CLEVELAND AVENUE FORT MYERS, FL 33901		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0666516	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCURDY, ROBERT C 2776 CLEVELAND AVENUE C/O LEE MEMORIAL HEALTH SYSTEM FORT MYERS, FL 33602			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BARRETT, LOIS C PO BOX 307 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition see attached	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCGOVERN, NANCY 785 SOUTH ENTRADA DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM G BAYSHORE VILLAGE 15890 LAKE POINT COURT N. FORT MYERS, FL 33917 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JAMES PO BOX 91 FORT MYERS, FL 33902 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, SPRING PO BOX 1218 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUVOIS, JO ELLEN 208 CAPE CORAL PKWY E #111 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>James Brown ARAP</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>13 Jan 05</u> <small>Date Daytime Phone #</small>		

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ATTACHMENT # N96000002633

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS 2005

DISTRICT	BOARD MEMBERS REGULAR MAILING ADDRESSES	OFFICE PHONE	BOARD MEMBER HOME ADDRESSES	HOME PHONE
1	John D. Donaldson, MD 3487 Broadway Ft Myers, FL 33901	939-2621 Backline: 939-1441	Dr. John D. Donaldson 637 Lighthouse Way Sanibel, FL 33957	274-1395
1	Mrs. Marilyn Stout 2907 SW 29 th Avenue Cape Coral, FL 33914	<u>CELL:</u> 887-0029	Mrs. Marilyn Stout 2907 SW 29 th Avenue Cape Coral, FL 33914	549-5629
2	Rev. James J. English 1255 Florida Avenue Ft Myers, FL 33901	332-7069	Rev. James J. English 1255 Florida Avenue Ft Myers, FL 33901	332-7069 Fax. 332-4947
2	Ms. Nancy McGovern, RN 785 South Entrada Drive Fort Myers, FL 33919	Pager 513-6086 Cell 850-1539	Ms. Nancy McGovern RN 785 South Entrada Drive Fort Myers, FL 33919	433-2690 Fax: 433-2929
3	Mrs. Lois C. Barrett 8701 Estero Blvd. #607 Fort Myers Beach, FL 33931	463-2813 cell: 410-0492	Mrs. Lois C. Barrett 8701 Estero Blvd. #607 Fort Myers Beach, FL 33931	463-2813
3	Mrs. Linda L. Brown, ARNP 11698 Pointe Circle Ft Myers, FL 33908	481-9521	Mrs. Linda Brown, ARNP 11698 Pointe Circle Ft Myers, FL 33908	481-9883 (McD's) CELL 229-3363 Fax: 481-3086
4	Mr. Frank T. La Rosa 1147 Navajo Avenue Lehigh Acres, FL 33936	369-5395 (La Rosa Plumbing)	Mr. Frank T. La Rosa 1147 Navajo Avenue Lehigh Acres, FL 33936	369-1230 CELL: 464-9696
4	Mr. William Martin Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917	<u>CELL:</u> 848-0295	Mr. William Martin Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917	Cell: 848-0295
5	Mr. James Green P.O. Box 91 Fort Myers, FL 33902	<u>CELL:</u> 281-3212	Mr. James Green 2124 Pine View Road Fort Myers, FL 33901	281-3212
5	Mrs. Gayle Lyons 20268 Leopard Lane Estero, FL 33928	<u>CELL:</u> 560-2540	Mrs. Gayle Lyons 20268 Leopard Lane Estero, FL 33928	947-2540 Cell: 560-2540

ATTACHMENT

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LEE MEMORIAL HEALTH SYSTEM **BOARD OF DIRECTORS** **2005**

OFFICERS

CHAIRMAN: Linda L. Brown, ARNP – District 3

VICE-CHAIRMAN: Nancy McGovern, RN – District 2

TREASURER: Marilyn Stout – District 1

SECRETARY: Lois C. Barrett – District 3

MEMBERS

John D. Donaldson, M. D. – District 1

Rev. James J. English - District 2

Frank T. La Rosa – District 4

William (Bill) Martin – District 4

James Green - District 5

Gayle Lyons, MPH – District 5

PLEASE SEND CORRESPONDENCE TO:

Board of Directors Office
LEE MEMORIAL HEALTH SYSTEM
Post Office Drawer 2218
Fort Myers, Florida 33902-2218

(239) 334-5943

(239) 334-5952

Fax (239) 336-6194