


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 044 ****61.25

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			7. Name and Address of New Registered Agent		
MCCURDY, ROBERT C 2776 CLEVELAND AVENUE C/O LEE MEMORIAL HEALTH SYSTEM FORT MYERS, FL 33602			Name MARY A McBilliluddy Street Address (P.O. Box Number is Not Acceptable) C/O LEE Memorial Hospital 2776 Cleveland Ave City Ft Myers FL Zip Code 33902		
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 <i>Mary A. McBilliluddy</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <i>8-24-06</i> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 6, 2006		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 <input type="checkbox"/> Delete BARRETT, LOIS C PO BOX 307 FORT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOIS BARRETT C 8701 ESTERO BL # 607 Ft Myers FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Delete MCGOVERN, NANCY 785 SOUTH ENTRADA DRIVE FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARILYN STOUT 2907 SW 29th AVE CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MARTIN, WILLIAM G BAYSHORE VILLAGE 15890 LAKE POINT COURT N. FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REV JAMES ENGLISH 1255 FLORIDA AVE Ft Myers FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GREEN, JAMES PO BOX 91 FORT MYERS, FL 33902		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA BROWN ARNP 14890 Strike Way Ft Myers FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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 exemptions contained in Chapter 119, 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: <i>James R. Nott</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>8/18/06</i> Daytime Phone # <i>239-985-3502</i>		

L. Brown ARNP