


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N96000002633</b> 1. Entity Name <b>CAPE MEMORIAL HOSPITAL, INC.</b>						<b>FILED</b> <b>07 AUG -1 AM 10: 50</b> CLERK OF THE CIRCUIT COURT IN AND FOR THE STATE OF FLORIDA	
Principal Place of Business <b>636 DELPRADO BLVD</b> <b>CAPE CORAL, FL 33990</b>				Mailing Address <b>2776 CLEVELAND AVENUE</b> <b>FORT MYERS, FL 33901</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0666516</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MCGILLICUDDY, MARY A</b> <b>2776 CLEVELAND AVENUE</b> <b>C/O LEE MEMORIAL HEALTH SYSTEM</b> <b>FORT MYERS, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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>							
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BARRETT, LOIS C</b> <b>8701 ESTERO BLVD SUITE 607</b> <b>FORT MYERS BEACH, FL 33931</b> <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	<b>T</b> <b>STOUT, MARILYN</b> <b>2907 SW 29TH AVE</b> <b>CAPE CORAL, FL 33914</b> <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	<b>VC</b> <b>ENGLISH, JAMES REV</b> <b>1255 FLORIDA AVE</b> <b>FORT MYERS, FL 33901</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC</b> <b>NANCY MCGOVERN RN MSN</b> <b>785 South Entrada Dr</b> <b>Ft Myers FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>BROWN, LINDA ARNP</b> <b>14890 SHRIKE WAY</b> <b>FORT MYERS, FL 33908</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>JOHN D DONALDSON MD</b> <b>3487 Broadway</b> <b>Ft Myers FL 33901</b> <input type="checkbox"/> Change <input checked="" 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		
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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

8/1  
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