2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCU	MENT	# N96000002	633						
1. Entity Name)	FIL	FD	
CAPE MEMORIAL HOSPITAL, INC.)			
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Principal Place of Business Mailing Address								1 1 1 5	
636 DELPRADO BLVD 2776 CLEVELAND AVE Cape Coral, Fl 33990 Fort Myers, Fl 3390								ALAH GROFF, Ar	<u>A</u>
TOREMIENS, IE 33301									MIND INCOME TO AND
Principal Place of Business - No P.O. Box # 3. Mailing Address									
							8 M311 B311 38 311 6 911	WALSI MASIN 11868 12534	INDO ESTING AT COM
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07032007 C	thg-NP	CR2E037 (12/	06)
City & State			City & State			4. FEI Number 65-06665	16		Applied For Not Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate of S	status Desired	□ \$8.75 Fee Re	5 Additional equired
Name and Address of Current Registered Age			Registered Agent			7. Name and Add	dress of New R	egistered Agent	
MCGILLIC	UDDY. MA	ARY A			Name				
2776 CLEVELAND AVENUE C/O LEE MEMORIAL HEALTH SYSTEM					Street Address	(P.O. Box Number is	Not Acceptable)	
FORT MY	ERS, FL 3	3602						<u> </u>	
	_				City			FL Zif	Code
	named entity tions of registe		the purpose of changing it	s registere	d office or registi	ered agent, or both, in	the State of Flo	rida. I am familiar	with, and accept
SIGNATURE		or printed name of registered agent	and title if applicable. (NC	TE: Registered	Agent signature requir	red when reinstating)		DATE	
	Filing For	e is \$61.25	9. Election Ca	empaign Fi	nancino	\$5.00 May Be	M	ake check paya	ble to
D	_	tember 14, 2007	Trust Fund			Added to Fees		da Department	
						Added to rees	1	•	
10.		OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	<u></u>		
TITLE	S		RECTORS Delete	TITLE			<u></u>		RS IN 10
	BARRETT			TITLE NAME	T ADDRESS		<u></u>	RS AND DIRECTO	RS IN 10
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