

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002633

FILED
Feb 17, 2012
Secretary of State

Entity Name: CAPE MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

636 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2776 CLEVELAND AVENUE
LEGAL DEPT MOC 459
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0666516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILLICUDDY, MARY A
C/O 2776 CLEVELAND AVE
MOC SUITE 459
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC
Name: BROWN, STEPHEN R MD
Address: 3819 WEST GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: S
Name: MCGOVERN, NANCY
Address: 785 ENTRADA DRIVE S
City-St-Zip: FT MYERS, FL 33919

Title: T
Name: STOUT, MARILYN
Address: 2907 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: C
Name: AKIN, RICHARD B
Address: 1220 WESTFIELD DR
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY A. MCGILLICUDDY

MS.

02/17/2012

Electronic Signature of Signing Officer or Director

Date