2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: LEE MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

2789 ORTIZ AVE
FORT MYERS, FL 33905-7806

Current Mailing Address:

2789 ORTIZ AVE
FORT MYERS, FL 33905-7806 US

FEI Number: 59-1287693

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WINTERS, DAVID E
2789 ORTIZ AVENUE
FORT MYERS, FL 33905 US

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

Officer/Director Detail :

Title	CEO, RECEIVER
Name	WINTERS, DAVID E.
Address	2789 ORTIZ AVE
City-State-Zip:	FORT MYERS FL 33905-7806

Title	COO
Name	BARACSKAY, DONALD J II
Address	2789 ORTIZ AVE
City-State-Zip:	FORT MYERS FL 33905-7806

Title	VC, TREASURER
Name	KLEINOW, ED
Address	518 N. YACHTSMAN DRIVE
City-State-Zip:	SANIBEL ISLAND FL 33957

Title	DIRECTOR
Name	ACKERT, SUE
Address	9330 TRIANA TERRACE #1
City-State-Zip:	FORT MYERS FL 33912

Title	CFO
Name	NOBLE, SUSAN
Address	2789 ORTIZ AVE
City-State-Zip:	FORT MYERS FL 33905-7806

Title	CHAIRMAN
Name	BOWER, MARSHALL ESQ.
Address	15031 PUNTA RASSA RD. #1203
City-State-Zip:	FORT MYERS FL 33908

Title	SECRETARY
Name	SELIGER, SHAWN ESQ.
Address	9990 COCONUT ROAD SUITE 372
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	BAKER, DOUGLAS E.
Address	FORT MYERS POLICE DEPARTMENT 2210 WIDMAN WAY
City-State-Zip:	FORT MYERS FL 33901

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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: MARSHALL BOWER CHAIRMAN 03/04/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HARTNER, JUDITH DR.
Address	LEE COUNTY HEALTH DEPARTMENT 3920 MICHIGAN AVENUE
City-State-Zip:	FORT MYERS FL 33916

Title	DIRECTOR
Name	LECLAIR, MATTHEW R
Address	LEE COUNTY SHERIFF'S OFFICE 14750 SIX MILE CYPRESS PARKWAY
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	REILLY, JAMES
Address	1380 DRIFTWOOD DRIVE
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	DIRECTOR
Name	ISAACS, MADELYN L PHD
Address	FGCU COLLEGE OF EDUCATION 10501 FGCU BLVD. SOUTH
City-State-Zip:	FORT MYERS FL 33965

Title	DIRECTOR
Name	MACDOUGALL, KAY
Address	20490 FOXWORTH CIRCLE
City-State-Zip:	ESTERO FL 33928