

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005689

Entity Name: LEE MEMORIAL MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

2776 CLEVELAND AVE
LEGAL MOC 459
FT. MYERS, FL 33901

Current Mailing Address:

2776 CLEVELAND AVE
LEGAL MOC 459
FT. MYERS, FL 33901

FEI Number: 59-2559835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCGILLICUDDY, MARY A
2776 CLEVELAND AVE
LEGAL MOC 459
FT. MYERS, FL 33901 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 T
Name STOUT, MARILYN
Address 2907 SW 29TH AVE
City-State-Zip: CAPE CORAL FL 33914

Title S
Name CHAMPION, DIANE
Address 403 HARRY AVENUE NORTH
City-State-Zip: LEHIGH ACRES FL 33971

Title VC
Name COHEN, SANFORD N MD
Address 16410 FAIRWAY WOODS DRIVE
402
City-State-Zip: FORT MYERS FL 33908

Title C
Name AKIN, RICHARD B
Address 1220 WESTFIELD DRIVE
City-State-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: RICHARD AKIN

C

02/25/2013

Electronic Signature of Signing Officer/Director Detail

Date