

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Barrett Lois C

MAILING ADDRESS :

8701 Estero Blvd.

CITY : ZIP : COUNTY :
Fort Myers Beach 33931 Lee

NAME OF AGENCY :
Lee Memorial Health Systems

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Board Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

FINANCIAL INTERESTS

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security		
Pension: University Hospital		
Pension General Motors		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

n/a

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
various stocks	Wells Fargo Investments

PART E — LIABILITIES [Major debts]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Mortgage on Condo. Sun Trust	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

William L Adams, Power of ATTN.

DATE SIGNED (required):

8/24/11

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

**AFFIDAVIT OF AFFIANT
Power of Attorney**

s. 709.2119 Florida Statutes

11 AUG 25 PM 09:01 SDE Lee Co Fl

STATE OF FLORIDA
COUNTY OF COUNTY OF LEE

Before me, the undersigned authority, personally appeared WILLIAM L. ADAMS ("Affiant"), who swore or affirmed that:

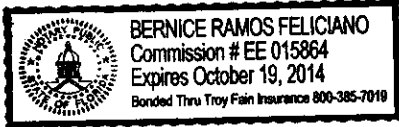
1. Affiant is the "attorney in fact" named in the Durable Power of Attorney executed by LOIS C. BARRETT ("Principal") on November 13, 2002
2. This Power of Attorney is currently exercisable by Affiant. The principal is domiciled in Florida.
3. To the best of Affiant's knowledge after diligent search and inquiry:
 - a. The Principal *is not* deceased;
 - b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a guardian advocate; and
 - c. There has been no revocation, or partial or complete termination, of the power of attorney or of Affiant's authority.
4. Affiant is acting within the scope of authority granted in the power of attorney.
5. Affiant is the successor to (not applicable), who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.
6. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

William L Adams
(Affiant)

August 25, 2011
Date

Sworn to (or affirmed) and subscribed before me this 25th day of August, 20 11, by William L. Adams.

Bernice Ramos Feliciano
(Signature of Notary Public-State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR

Produced Identification

Florida Drivers License
(Type of Identification Produced)

DURABLE POWER OF ATTORNEY

THIS INSTRUMENT is intended to create a Durable Power of Attorney pursuant to Florida Statute 709.08.

I, LOIS C. BARRETT, appoint, REV. WILLIAM L. ADAMS, as my attorney-in-fact.

This Durable Power of Attorney shall not be affected by disability of the principal except as provided by Statute. This Power of Attorney is non-delegable and shall pertain to all of my real and personal property, all of my property held in joint tenancy, any and all interest in any non-homestead property held in tenancy by the entirety and all property over which I hold a power of appointment.

1. This is a Durable Family Power of Attorney pursuant to Florida Statute 709.08.

2. Scope of Authority. In my name, place and stead, in any way which I could do as to all or any properties, real and/or personal, partially or totally owned by me individually, or any corporation, partnership, trusteeship, joint venture, or any other business entity in which I may have an interest, as if I was personally present, with respect to the extent that I am permitted by law to act through an agent including:

(A) To execute, sign, endorse, acknowledge and deliver deeds, leases, assignments, transfers, covenants, agreements, hypothecations, mortgages, deeds of trust, reconveyances, releases and satisfactions of mortgages, judgements and other debts, escrow instructions, notices, receipts, commercial paper, investment securities, bills of lading, warehouse receipts and other documents of title, security agreements and evidences of debts, and such other instruments in writing of whatever kind and nature as he/she may deem necessary and proper:

(B) To contract, and agree for, to purchase, receive, and take possession of, and to lease, let, demise, transfer, sell, exchange, assign, convey, encumber and hypothecate, lands, tenements and hereditaments of whatever kind and nature, or any interest therein, upon such terms and conditions, and under such covenants as he/she shall deem fit:

(C) To demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, accounts, deposits, legacies, bequests, devices, interests, dividends, stock certificates, certificates of deposit, annuities, and proceeds, documents of title, choses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever liquidated or unliquidated, as are now, or shall hereafter become due, owing, payable, owned or belonging to or by me or in which I have or may acquire an interest, and to have, use, and take all lawful procedures, and writs in my name for the collection and recovery thereof and to compromise, settle, and agree for the same, and to make, execute and deliver for me in my name all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same:

(D) To enter upon and take possession of such lands, buildings, tenements, and other structures, or parts thereof, and collect and receive the rents, profits or income therefrom and to manage, repair, alter, or reconstruct all buildings or structures.

(E) To sign in my name all instruments of writing necessary to establish savings account or certificates in my name with any Federal Savings and Loan Association or Bank, and to withdraw any of the monies from any such Association or Bank, whether such account or certificate was established prior to, or after, the date hereof.

(F) To make, execute and file in my name, and on my behalf, all required Federal Income Tax Returns and any other Returns or instruments in relation to Federal Taxes assessed against me.

(G) To enter into or open on my behalf any safe deposit box at any bank registered in my name, individually or jointly with others.

(H) Execute on my behalf any and all instruments which I could on my own behalf to carry out any of my business or personal affairs on my behalf, including execution on my behalf of any stocks, securities, bonds, stock powers, stock or bond assignments, or any other documents that may be required to effect transfer of any stock or security which I own in my name.

This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my Attorney-in-Fact.

3. Method of Signing My Name: My Attorney-in-Fact shall sign any and all instruments by signing his/her name and stating that he/she is my Attorney-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th day of

November, 2002, at Fort Myers, Florida.

[Signature] (LCB) [Signature]

Witnesses

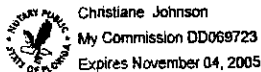
STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that on this 13th day of November 2002, before me personally appeared LOIS C. BARRETT, to me personally known, and known to me to be the same person described in and who executed the within Durable Power of Attorney, and who acknowledged the within Power of Attorney to be his free act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal the day and year last above written.

(NOTARY SEAL)

[Signature]
Notary Public



My Commission Expires: November 4, 2005