FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1998			
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:   CHECK EITHER DECEMBER 31, 1998 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:		NAME OF YOUR AGENCY: LEE MEMORIAL HEALTH SYSTEM				
LAST NAME - FIRST NAME - MIDDLE NAME: DORAGH, PETER, DAMIAN MAILING ADDRESS: 12071 WEDGE DRIVE FORT MYERS FE 33913 LEE CITY: ZIP: COUNTY:		CHECK ONE OF THE FOLLOWING CATEGORIES: LICAL OFFICER I STATE OFFICER I CANDIDATE SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT: BOARDMEMBER				
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required dis- closure constitutes grounds for and may be punished by one or more of the following: disquali- fication from being on the ballot, impeachment, removal or suspension from office or employ- ment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.						
PART A - PRIMARY SOURCES OF INCOME [Sou	0 0	-				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
ANNES METCHELL LAWFERM	12800 UNEVERSETY DEEVE,		LEGAL SERVICES			
	SULTE600, FT. MYERS, FL					
		- <u>-</u>				
PART B — SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE RE	PORTING PERSON [Ma	ajor customers, clients, etc.]			
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
N#A S						
		· <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PART C — REAL PROPERTY [Land, buildings]	1					
N/A	<b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.					
			<b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3 of this packet.			
			<b>OTHER FORMS</b> you may need to file are described on page 6.			
			(Continued on p.2)			

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A						
J I						
		Maio de la 1				
PART E LIABILITIES IN EXCES		wajor debtsj				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
NATIONSBANK, N.	A.	P.D. BOX 21983, GREENS BORD, NO.C. 27420				
			) /	······································		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY		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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE: DATE SIGNED: 5/25/99						
FILING INSTRUCTIONS FOR FORM 1						

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. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

**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: Local offi-

cers file with the Supervisor of Elections of the county in which you 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer, 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.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)