FORM 1	STATEM	STATEMENT OF		010		
Please print or type your name, mailing address, agency name, and position below:						
LAST NAME - FIRST NAME - MIDDLE OUGAS, PETER MAILING ADDRESS:		FOR O USE O		/		
5344 MAYFAI	IR COURT		HA profits	/		
CITY: (APE CORAL NAME OF AGENCY: LEE MEMORIAL HEA NAME OF OFFICE OR POSITION HELE DIRECTOR OF PHAR You are not limited to the space on the lines	ZIP: COUNTY: FL 33904 C ACTU SYSTEM D OR SOUGHT: MACY GULF CONST W	s, if necessary.	Code Code CP			
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECT	ION MUST BE COMPLETED*	*			
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 REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)	THE OPTION OF USING REPOR OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	HOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHER	Ly based on percentage va	ES, WHICH ALUES (see		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
(If you have nothing to repo NAME OF SOURCE OF INCOME		must write "none" or "n/a") SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LIE MISMORIAL HENTH SYSTEM 13681 DOCTOR'S WAY		way , FT MYERS	ACUTE CARE HOSPITAL			
	- 					
	ort , you must write "none" or "n/a	''')				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUS ACTIVITY OF S			
NONE						
		<u> </u>				
		 				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS when and where to file this are located at the bottom of	form		
NONE			INSTRUCTIONS on who file this form and how to file begin on page 3.			
			OTHER FORMS you may to file are described on pag			

PART D — INTANGIBLE PERSONAL P	ROPERTY (Stocks, bonds, cermical	tes of deposit, etc.]			
	it, you must write mone or ma	")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
403 B \$ 19 K	LEE MAME	LEE MOMORIAL HEALTH SYSTEM			
401K \$ 112 K	- Moran	STANLEY			
, , , , , , , , , , , , , , , , , , ,	,				
:	, S				
	ort, you must write "none" or "n/a				
NAME OF CREDITOR		ADDRESS OF CRED	DITOR		
	* *				
	·X/				
	2/1				
	` /				
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					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	X				
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):		DATE SIGNED (re	equired):		
		TENTI CETONIC			

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.

FILING INSTRUCTIONS:

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 mus file within 30 days of the date of his or he appointment or of the beginning of employment. Appointees who must be confirmed be the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

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

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

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