HIS STATEMENT REFLECTS MY FINANCIAL OR THE PRECEDING TAX YEAR ENDING:	INTERESTS	NAME OF AGENCY:	
EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1995 THAN THE CALENDAR YEAR:			OFFICE OR POSITION HELD:
AST NAME - FIRST NAME - MIDDLE NAME:		STATE OFFICER	OFFICE HELD:
MAY MARSORY B. MAILING ADDRESS: 2317 SE RIVU PD.		SPECIFIED STATE	POSITION HELD: Efecutive Director
CITY: Ft. myers ZIP: 339	05 COUNTY:Lee		OFFICE SOUGHT:
ILING INSTRUCTIONS for when and where to f NSTRUCTIONS on who must file this form and h THER FORMS you may need to file are describ	ow to fill it out begin on page a ed on page 6.	3 of this packet.	
vollce: Under provisions of closure constitutes grounds fo lication from being on the bal ment, demotion, reduction in s	Sec. 112.317, Florid for and may be pun lot, impeachm⊱nt, alary, reprimand, c	ished by one or n removal or susp or a civil penalty n	lure to make any required dis- nore of the fc:lowing: disquali- ension from office or employ- ot exceeding \$10,000.
		· · ·	
ART A - PRIMARY SOURCES OF INCOME [S NAME OF SOURCE	ources exceeding 5% of gross SOUR		DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDR all 2776 Cleve		S PRINCIPAL BUSINESS ACTIVITY Enobyment Health Com
Unisource	0211 10.27	St. 1 Maga [-1 0	approved Sales
		St. TANDA, FI E	nployment Soles
			customers clients etc.]
PART B SOURCES OF INCOME TO BUSIN NAME OF SOURCE OF	ESSES OWNED BY THE REF	PORTING PERSON [Major JRCE'S	DESCRIPTION OF THE SOURCE'S
PART B — SOURCES OF INCOME TO BUSIN	ESSES OWNED BY THE REF	PORTING PERSON [Major	
PART B SOURCES OF INCOME TO BUSIN NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ESSES OWNED BY THE REF	PORTING PERSON [Major JRCE'S	DESCRIPTION OF THE SOURCE'S
PART B SOURCES OF INCOME TO BUSIN NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ESSES OWNED BY THE REF	PORTING PERSON [Major JRCE'S	DESCRIPTION OF THE SOURCE'S
PART B - SOURCES OF INCOME TO BUSINI NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NIA	ESSES OWNED BY THE REF	PORTING PERSON [Major JRCE'S	DESCRIPTION OF THE SOURCE'S
PART B SOURCES OF INCOME TO BUSINI NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NIA PART C REAL PROPERTY [Land, buildings]	ESSES OWNED BY THE REF	PORTING PERSON [Major URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART B SOURCES OF INCOME TO BUSINI NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NIA PART C REAL PROPERTY [Land, buildings]	ESSES OWNED BY THE REF	PORTING PERSON [Major URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART B SOURCES OF INCOME TO BUSINI NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NIA PART C REAL PROPERTY [Land, buildings]	ESSES OWNED BY THE REF	PORTING PERSON [Major URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

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PART DINTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
HOIK		(INisource						
TSA		Lee Memorial Hospital Hore Health						
				<b>V</b>				
PART E - LIABILITIES IN EXCESS OF NET WORTH [Major debts]								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
				<u></u>				
					······································			
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	····	,						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENTITY	/#1	BUSINESS E	NTITY # 2	BUSINESS ENTITY # 3			
NAME OF								
BUSINESS ENTITY 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								
			DATE SIGNED:					
mane	u hay			6/29/96				
FILING INSTRUCTIONS FOR FORM):								
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 instruc- tions.								
WHERE TO FILE: A local officer files with the Supervisor of Elections of the county in which he or she permanently resides (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters). A state officer or a specified state employee files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0250. A candidate files this form together with his or her 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.

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. (Continued on p.3)