FORM 1	STATEMENT OF				2016	
Please print or type your name, mailing address, agency name, and position below.	FINAN	CIAL INT	ERESTS	S [FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI	: NAME :				}-	
Sgarlata, Lisa Marie MAILING ADDRESS:						
17058 Wrigley Circle			es constant		ā c	
Fort Myers, FL	33908	Lee				
CITY:	ZIP:	COUNTY:			/	
LeeHealth NAME OF AGENCY					<u>.</u>	
Chief Patient Care Officer	CNE				Г	
NAME OF OFFICE OR POSITION	OR SOUGHT:				(-	
You are not limited to the space on the	nes on this form. Attach a	additional sheets, if neces		, ,	•	
CHECK ONLY IF CANDIDATE	OR NEW EM	IPLOYEE OR APPOINTE	E PM &	2/3		
**** BOT	PARTS OF TH	IIS SECTION MI	JST BE CO	MPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y					HER BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. EITHER (must check one):	ASE STATE BELOW	WHETHER THIS STAT	EMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING	
DECEMBER 31	16 <u>OR</u> 🗓	SPECIFY TAX YE	AR IF OTHER TH	IAN THE C	CALENDAR YEAR:	
FILERS HAVE THE OPTION OF LECALCULATIONS, OR USING COMMON TOTAL COMPARATIVE	TIG REPORTING THREATIVE THRESHOL	ESHOLDS THAT ARE A DS, WHICH ARE USU nust check one):	ALLY BASED ON	N PERCEI	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
PART A PRIMARY SOURCES OF PACOME [Major sources of income to the reporting person - See instructions]						
(If you have nothing to test	·ort, write "none" or "n/	,				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LeeHealth	2776 Cleveland Ave. Fort Myers FL 33901		Health	Healthcare System		
PART B SECONDARY SOURCES: [Major customers, clients (If you have nothing to res		me to businesses owned /a")	by the reporting pe	erson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SO OF BUSINESS' INC		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
			· · · · · · · · · · · · · · · · · · ·			
		N/A				
				FILIN	ILING INSTRUCTIONS for when	
17058 Wrigley Circle, Fort Myers, FL 33908			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.			
					orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		s of deposit, etc See ins	structions]				
(If you have nothing to report, write "non TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
		BOSINESS ENVITT TO V	VIIIOTI THE TROPENTE RELATES				
	· · · · · · · · · · · · · · · · · · ·						
		Programme Company to the Company of	CAMPAGE TO SEA TO THE A SECURE AND ASSESSMENT OF THE SEASON OF THE SECURE ASSESSMENT OF THE SEASON O				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non	,						
NAME OF CREDITOR	ADDRESS OF CREDITOR						
FIneMark National Bank	Fort Myers, FL 33919						
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	s in certain types of bus	BUSINESS ENTITY # 2				
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		A I	/ A				
POSITION HELD WITH ENTITY			A				
LOWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112 3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.							
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY				
Signature:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:					
Justin Agorlita	ر	I, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.					
Date Şigned:		CDA/Attornou Signat					
May 29, 2017		CPA/Attorney Signature:					
		Date Signed:					
-	FILING INSTR						
WHAT TO FILE: WH After completing all parts of this form, including. If we	IERE TO FILE:		WHEN 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, write "none" or "n/a" in that section(s)

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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. 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

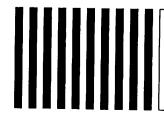
POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

SUPERVISOR OF ELECTIONS PO BOX 2545

FORT MYERS FL 33902-9888





NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES