

IF YOU ARE A LEE MEMORIAL HEALTH SYSTEM CANDIDATE—YOU MUST COMPLETE AND SUBMIT THIS LOYALTY OATH WITH YOUR FINAL CANDIDATE QUALIFYING FORMS.

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS  
LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS  
LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

NON-PARTISAN OFFICE

I swear or affirm that:

I, Frank T. La Rosa, am a candidate for the office of Lee Memorial Health System Board  
(Print Name)

of Directors and the Lee County Trauma Services Board of Directors for District 4; that I am a legal  
(District Number)

resident of the Lee County health system district to which I seek election, and that, my legal residence is:

1147 Navajo Ave Lehigh Acres FL 33936 Lee County, Florida  
(Residence Address) (City) (Zip Code)

LEE MEMORIAL HEALTH SYSTEM CANDIDATE MUST ALSO COMPLETE LOYALTY OATH BELOW

<p><b>LOYALTY OATH</b> (Sections 876.05-876.10, Florida Statutes) <b>NON-PARTISAN OFFICE</b></p> <p>STATE OF FLORIDA <u>Lee</u> COUNTY OF _____</p>	<p><b>OFFICE USE ONLY</b></p> <p>LA ROSA, FRANK 1147 NAVAJO AVE LEHIGH ACRES FL 33936</p> <p>111476002</p>
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10 JUN 14 PM 02:33 SDE Lee Co FL

I, 

<u>Frank</u> First Name	<u>T.</u> Middle Name/Initial	<u>La Rosa</u> Last Name
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a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, Frank T. La Rosa  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of Lee Memorial Health System (office) (district)  
District 4 (circuit) (group); I am a qualified elector of Lee County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

x Frank T. La Rosa ( )  
Signature of Candidate Telephone Numb  
Address City  
LA ROSA, FRANK  
1147 NAVAJO AVE  
LEHIGH ACRES FL 33936  
111476002

Sworn to (or affirmed) and subscribed before me this 11th day of June, 2010.

Personally Known:  or  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public

 Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Bonded Troy Firm - Insurance Inc. 800-385-7019

space between La Rosa

10 JUN 11 PM 01:36 SDE Lee Co FL

**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

111476002

MAIL LAROSA, FRANK  
1147 NAVAJO AVE  
LEHIGH ACRES FL 33936

CITY

NAME OF AGENCY :  
LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
DISTRICT 4

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

**ORIGINAL**

\*10JUN11PM0136 SIDE Lee Cf FI

**\*\*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 (check one):

DECEMBER 31, 2009 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 (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
LEE MEMORIAL HEALTH SYSTEM	2776 CLEVELAND AVE FORT MYERS FL 33901	HOSPITAL ADMINISTRATION
SOCIAL SECURITY	P O BOX 3600 WILKES-BARRE PA 18767	SOCIAL SECURITY RETIREMENT

**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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**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):

*Frank T. Perera*

DATE SIGNED (required):

*6/11/10*

**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.