FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:10

DOCUMENT # 750432 (7)

1. Corporation Name
THE LEE COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
3805 FOWLER STREET, STE. 1 P. O. BOX 06041 FT MYERS FL 33901 US	P.O. BOX 60041 P. O. BOX 06041 FT MYERS FL 33906-0041 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1980
3a. Date of Last Report: 02/01/1994
4. FEI Number: 23-7026263 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 3805 FOWLER STREET	26 P. O. BOX 60041
Suite, Apt. #, etc. 22 SUITE 2	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS, FL	City & State 28 FORT MYERS, FL
Zip / Country 24 33901 / 25 LEE	Zip / Country 29 33906-0041 / 30 LEE

9. Name and Address of Current Registered Agent

FRANKLIN,JR., JAMES A.
2100 SECOND STREET
FORT MYERS FL

10. Name and Address of New Registered Agent

81 Name: Ann Wilke
82 Street Address (P.O. Box Number is Not Acceptable): 3805 Fowler Street, Suite 2
83
84 City: Fort Myers FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ann Wilke, Executive Director — Ann Wilke — 1/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☒ Change ☐ Addition
NAME	SHAVER, RODGER W MD	12 NAME	KALEMERIS, GEORGE C, MD	
STREET ADDRESS	3680 BROADWAY	13 STREET ADDRESS	23 WINEWOOD COURT, STE 13	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	DPP	21 TITLE	VP	☒ Change ☐ Addition
NAME	ANDREWS, PHILLIP E	22 NAME	SIEGEL, ALAN D	
STREET ADDRESS	3487 BROADWAY	23 STREET ADDRESS	3615 CENTRAL AVENUE, SUITE 7	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	PD	31 TITLE	DPP	☒ Change ☐ Addition
NAME	WEST, STEVEN R. M	32 NAME		
STREET ADDRESS	3800 EVANS AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	PD	☒ Change ☐ Addition
NAME	DELANS, RONALD J. M	42 NAME		
STREET ADDRESS	1380 ROYAL PALM SQ. BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	TFUFFL, THOMAS E. M	52 NAME		
STREET ADDRESS	3840 BROADWAY AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	KALEMERIS, GEORGE C. M	62 NAME	KOWALSKY, THOMAS E MD	
STREET ADDRESS	P.O. BOX 2218 N/A	63 STREET ADDRESS	21 BARKLEY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	64 CITY-ST-ZIP	FORT MYERS, FL 33907	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George C. Kalemeris, M.D., Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR
Date: 1/16/95 Daytime Phone #: (813) 936-1645

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