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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 750432 (7)

1. Corporation Name

THE LEE COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

3805 FOWLER STREET  
SUITE 2  
FT MYERS FL 33901  
US

P.O. BOX 60041  
FT MYERS FL 33906-6041  
US

3. Date Incorporated or Qualified  
01/02/1980

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKE, ANN  
3805 FOWLER STREET SUITE 2  
FORT MYERS FL 33390

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE

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	D	<input type="checkbox"/> DELETE
NAME	KOWALSKY, THOMAS E	
STREET ADDRESS	21 BARKLEY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEGEL, ALAN D	
STREET ADDRESS	3615 CENTRAL AVENUE SUITE 7	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIPSCHUTZ, BRUCE DO	
STREET ADDRESS	12631 WOLRD PLAZA LN	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DPP	<input type="checkbox"/> DELETE
NAME	DELANS, RONALD J. M	
STREET ADDRESS	1380 ROYAL PALM SQ. BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REARDON, DAVID MD	
STREET ADDRESS	3949 EVANS AVE S-403	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KALEMERIS, GEORGE C. M	
STREET ADDRESS	23 WINEWOOD COURT STE 13	
CITY-ST-ZIP	FORT MYERS FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VAN SICKLER, JOEL T.	
1.3 STREET ADDRESS	1380 Royal Palm Sq. Blvd	
1.4 CITY-ST-ZIP	Fort Myers, FL	
2.1 TITLE	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUBENSTEIN, JAMES H	
4.3 STREET ADDRESS	3680 Broadway	
4.4 CITY-ST-ZIP	Fort Myers, FL	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086134

James H. Rubenstein, M. D. 1/14/97 941-936-1645

CR2E037 (9/96)