

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750432

1. Entity Name

THE LEE COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business

3805 FOWLER STREET  
SUITE 2  
FT MYERS FL 33901  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7026263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GERSON, ROBERT M 8191 COLLEGE PARKWAY, S-6 FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBENSTEIN, JAMES M 3680 BROADWAY FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIPSCHUTZ, BRUCE DO 12631 WOLRD PLAZA LN FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAPIRO, DAVID M M.D. 4035 EVANS AVE FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP REARDON, DAVID MD 3949 EVANS AVE S-403 FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP KILFOYLE, RICHARD G MD 708 DEL PRADO BLVD STE 2 CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MURRAY, RICHARD 1515 COLONIAL BLVD FT MYERS FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEITZER, PETER H 3680 BROADWAY FT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SHANNON, F BRETT 9800 HEALTHPARK CIRCLE STE100 FT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*F. Shannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED  
Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90016 035 \*\*\*\*61.25