

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750432

1. Entity Name

THE LEE COUNTY MEDICAL SOCIETY, INC.

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90113 001 \*\*\*\*61.25

0003486

Principal Place of Business

Mailing Address

3805 FOWLER STREET  
SUITE 2  
FT MYERS FL 33901  
US

P.O. BOX 60041  
FT MYERS FL 33906-0041  
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	S	<input checked="" type="checkbox"/> Delete
NAME	GERSON, ROBERT M	
STREET ADDRESS	8191 COLLEGE PARKWAY, S-6	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DPP	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, JAMES M	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIPSCHUTZ, BRUCE DO	
STREET ADDRESS	12631 WOLRD PLAZA LN	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, RICHARD	
STREET ADDRESS	1515 COLONIAL BLVD	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEITZER, PETER H	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TP	<input type="checkbox"/> Delete
NAME	SHANNON, F B	
STREET ADDRESS	9800 HEALTHPARK CIRCLE STE 100	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, Richard MD	
STREET ADDRESS	1515 Colonial Blvd	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blitzer, Peter MD	
STREET ADDRESS	3680 Broadway	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, Eliot MD	
STREET ADDRESS	8540 College Parkway	
CITY-ST-ZIP	Fort Myers FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homolka, Charles MD	
STREET ADDRESS	3949 Evans Avenue #102	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregg, Ralph MD	
STREET ADDRESS	16929 Timberlakes Drive	
CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Douglas MD	
STREET ADDRESS	8350 Riverwalk Park Blvd #200	
CITY-ST-ZIP	Fort Myers FL 33919	

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)