


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 041 ****61.25

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 33906-0041 US
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40009616



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 23-7026263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WILKE, ANN 3805 FOWLER STREET SUITE 2 FORT MYERS, FL 33390	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S+ BURTON, ERICK M MD 8540 COLLEGE PARKWAY FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP GREGG, RALPH 16979 TIMBERLAKES DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JULIO 4901 PALM BEACH BLVD FORT MYERS, FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, RICHARD 1515 COLONIAL BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, DOUGLAS 8380 RIVERWALK PARK BLVD #200 FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGE, RONICA 24600 S TAMIAMI TRAIL STE 400 BOCA RATON, FL 33434 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Traiger, Dean 1304 SE 8th Terrace Cape Coral, FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP Stevens, Douglas MD 15721 New Hampshire Court Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Burton, M Erick MD 8540 College Parkway Fort Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rodriguez, Julio MD 4881 Palm Beach Blvd Ste 100 Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Murray, Richard 15641 New Hampshire Court Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elmquist, E Trevor DO 12670 New Brittany Blvd Ste 102 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input 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: Rea MD (Julio Rodriguez) 1/27/05 239 936-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #