2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 750432

Entity Name: THE LEE COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

3805 FOWLER STREET
SUITE 2
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60041
FT MYERS, FL 339060041 US

New Mailing Address:

FEI Number: 23-7026263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILKE, ANN
3805 FOWLER STREET SUITE 2
FORT MYERS, FL 33901 US

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: _____ 01/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPP ( ) Delete
Name: BURTON, ERICK M MD
Address: 9800 S HEALTH PARK DR SUITE 320
City-St-Zip: FORT MYERS, FL 33908

Title: P ( ) Delete
Name: TRAIGER, DEAN MD
Address: 1304 SE 8TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete
Name: SWEET, CRAIG
Address: 12611 WORLD PLAZA LANE #53
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete
Name: HOBBS, LARRY MD
Address: 2727 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901

Title: T ( ) Delete
Name: MORRIS, CHERRIE MD
Address: 9981 HEALTHPARK CIR SUITE 283
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: SULTAN, SHAHID MD
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPP (X) Change ( ) Addition
Name: TRAIGER, DEAN MD
Address: 1304 SE 8TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: P (X) Change ( ) Addition
Name: HOBBS, LARRY MD
Address: 2727 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change ( ) Addition
Name: SWEET, CRAIG
Address: 12611 WORLD PLAZA LANE #53
City-St-Zip: FORT MYERS, FL 33907

Title: S (X) Change ( ) Addition
Name: SULTAN, SHAHID MD
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HENRICKS, DOUGLAS MD
Address: 6311 SOUTH POINTE BLVD
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN WILKE ED 01/23/2009
Electronic Signature of Signing Officer or Director — Date