

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009379

FILED
Apr 13, 2009
Secretary of State

Entity Name: INDEPENDENT PHYSICIANS ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

7152 COCA SABAL LANE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

7152 COCA SABAL LANE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 26-3511285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENUEL, JAMES W JR., MD
7152 COCA SABAL LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AHMAD, IMTIAZ MD
Address: 15420 HEALTHPARK COMMONS DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: AHMED, TANZEEN MD
Address: 2675 WINKLER AVENUE, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BIEL, MICHAEL
Address: 13813 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: CORRENTI, GARY MD
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: DUNBAR, SCOTT MD
Address: 4371 VERONICA SHOEMAKER BOULEVARD
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: FUCHS, PAUL MD
Address: 10201 ARCOS AVENUE
City-St-Zip: ESTERO, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PATTI REIGLE

ADM

04/13/2009

Electronic Signature of Signing Officer or Director

Date