

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750432

FILED  
Jan 19, 2010  
Secretary of State

**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 33901 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: P  
Name: SWEET, CRAIG R MD  
Address: 12611 WORLD PLAZA LANE #53  
City-St-Zip: FORT MYERS, FL 33907

Title: DPP  
Name: HOBBS, LARRY MD  
Address: 2727 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: S  
Name: RICHARD, MACCHIAROLI MD  
Address: 9981 S HEALTHPARK CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

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

Title: T  
Name: FARAHMAND, AUDREY MD  
Address: 13710 METROPOLIS AVENUE STE 104  
City-St-Zip: FORT MYERS, FL 33912

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

I hereby 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 all other like empowered.

SIGNATURE: CRAIG SWEET, MD

P

01/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date