

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750432

Entity Name: THE LEE COUNTY MEDICAL SOCIETY, INC.**Current Principal Place of Business:**13770 PLANTATION ROAD
SUITE 1
FT MYERS, FL 33912**Current Mailing Address:**13770 PLANTATION ROAD
SUITE 1
FT MYERS, FL 33912 US**FEI Number:** 23-7026263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMIREZ, JULIE M
13770 PLANTATION ROAD
SUITE 1
FORT MYERS, FL 33912 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:** JULIE M RAMIREZ

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name SKINNER, SHARI L MD
Address 8381 RIVERWALK PARK BLVD STE 101
City-State-Zip: FORT MYERS FL 33919

Title PRESIDENT
Name BURDZY, JON DO
Address 7381 COLLEGE PKWY #110
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name DE LA TORRE, DANIEL DR.
Address 9981 S. HEALTHPARK DR. #159
City-State-Zip: FORT MYERS FL 33908

Title EXECUTIVE DIRECTOR
Name RAMIREZ, JULIE M EXEC DIR
Address 13770 PLANTATION ROAD STE 1
City-State-Zip: FORT MYERS FL 33912

Title VP
Name PALMON, F. RICK DR.
Address 6850 INTERNATIONAL CENTER BLVD
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY
Name COSMAI-CINTRON, ELIZABETH DR.
Address 1550 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

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: JULIE RAMIREZ

EXECUTIVE DIRECTOR

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date