

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750432

Entity Name: THE LEE COUNTY MEDICAL SOCIETY, INC.**Current Principal Place of Business:**5781 LEE BLVD
SUITE 208-104
LEHIGH ACRES, FL 33971**Current Mailing Address:**5781 LEE BLVD.
STE 208-104
FT MYERS, FL 33971 US**FEI Number:** 23-7026263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMIREZ, JULIE M
5781 LEE BLVD.
STE 208-104
FT MYERS, FL 33971 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

01/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	RAMIREZ, JULIE M EXEC DIR
Address	5781 LEE BLVD STE. 208-104
City-State-Zip:	FORT MYERS FL 33971
Title	PRESIDENT
Name	VO, TRACY DR.
Address	1708 CAPE CORAL PARKWAY SUITE 4
City-State-Zip:	CAPE CORAL FL 33914
Title	TREASURER
Name	CAESAR, SCOTT DR.
Address	2721 DEL PRADO BLVD., S, STE. 230B
City-State-Zip:	CAPE CORAL FL 33904

Title	PAST PRESIDENT
Name	COSMAI, ELIZABETH DR.
Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907
Title	VP
Name	LUNDQUIST, RYAN DR.
Address	3660 BROADWAY
City-State-Zip:	FORT MYERS FL 33919
Title	SECRETARY
Name	SOORI, GAMINI DR.
Address	8260 GLADIOLUS DRIVE
City-State-Zip:	FORT MYERS FL 33908

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**

01/05/2022

Electronic Signature of Signing Officer/Director Detail

Date