

**2013 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:**WILKE, ANN  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	FARAHMAND, AUDREY E MD
Address	14090 METROPOLIS AVENUE STE 102
City-State-Zip:	FORT MYERS FL 33912

Title	T
Name	OAKES-LOTTRIDGE, ANDREW J MD
Address	1315 FLORIDA AVENUE
City-State-Zip:	FORT MYERS FL 33901

Title	VP
Name	MOURADADE, MARY M MD
Address	7981 GLADIOLUS DRIVE
City-State-Zip:	FORT MYERS FL 33908

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

Title	DPP
Name	MACCHIAROLI, RICHARD C MD
Address	9981 HEALTHPARK DRIVE
City-State-Zip:	FORT MYERS FL 33908
Title	S
Name	SKINNER, SHARI L MD
Address	8381 RIVERWALK PARK BLVD STE 101
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	CARIOBA, JOANNA CMD
Address	1255 VISCAYA PARKWAY STE 200
City-State-Zip:	CAPE CORAL FL 33990

*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: ANN WILKE****EXECUTIVE DIRECTOR****01/03/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date