

**2019 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

01/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title TREASURER  
Name ST. PIERRE-MACKOUL, ANNETTE DR.  
Address 8530 GRANITE COURT  
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY  
Name VO, TRACY DR.  
Address 1708 CAPE CORAL PARKWAY SUITE 4  
City-State-Zip: CAPE CORAL FL 33914

*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

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date