

2021 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

01/07/2021

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

Title TREASURER
Name LUNDQUIST, RYAN DR.
Address 3660 BROADWAY
City-State-Zip: FORT MYERS FL 33919

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

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

Title SECRETARY
Name CAESAR, SCOTT DR.
Address 2721 DEL PRADO BLVD., S, STE. 230B
City-State-Zip: CAPE CORAL FL 33904

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

01/07/2021

Electronic Signature of Signing Officer/Director Detail

Date