

2018 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

02/21/2018

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	PRESIDENT
Name	PALMON, F. RICK DR.
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912
Title	TREASURER
Name	COSMAI, ELIZABETH DR.
Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907

Title	PAST PRESIDENT
Name	BURDZY, JON DO
Address	7381 COLLEGE PKWY #110
City-State-Zip:	FORT MYERS FL 33919
Title	VP
Name	DE LA TORRE, DANIEL DR.
Address	9981 S. HEALTHPARK DR. #159
City-State-Zip:	FORT MYERS FL 33908
Title	SECRETARY
Name	ST. PIERRE-MACKOUL, ANNETTE DR.
Address	8530 GRANITE COURT
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

02/21/2018

Electronic Signature of Signing Officer/Director Detail

Date