

2024 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

02/05/2024

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

Title	SECRETARY
Name	DOSORETZ, ARIE DR.
Address	15681 NEW HAMPSHIRE CT
City-State-Zip:	FORT MYERS FL 33908

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

Title	VP
Name	SOORI, GAMINI DR.
Address	8260 GLADIOLUS DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	TREASURER
Name	AZAM, ASIF DR.
Address	2776 CLEVELAND AVE SUITE 808
City-State-Zip:	FORT MYERS FL 33901

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**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date