

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009379

Entity Name: INDEPENDENT PHYSICIANS ASSOCIATION OF LEE COUNTY, INC.

FILED
Apr 30, 2015
Secretary of State
CC5638716613

Current Principal Place of Business:

6311 S POINTE BLVD
SUITE 200
FORT MYERS, FL 33919

Current Mailing Address:

PO BOX 07177
FORT MYERS, FL 33919 US

FEI Number: 26-3511285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRENNAN, AMBER NICOLE
2703 38TH ST SW
LEHIGH ACRES, FL 33976 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: AMBER BRENNAN

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KORDONOWY, RAYMOND
Address 6311 SOUTH POINTE BLVD
City-State-Zip: FORT MYERS FL 33919

Title VP
Name MAGNANT, JPSEPH G
Address 1510 ROYAL PALM SQ BLVD
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name SABHA, KHALID
Address PO BOX 07177
City-State-Zip: FORT MYERS FL 33919

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: RAYMOND KORDONOWY

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date