

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009379

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

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC5764451477**

**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: Yes**

**Name and Address of Current Registered Agent:**

KORDONOWY, RAYMOND P  
6311 S POINTE BLVD  
SUITE 200  
FORT MYERS, FL 33919 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: RAYMOND KORDONOWY**

**04/24/2017**

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, JOSEPH G  
Address 1510 ROYAL PALM SQ BLVD  
City-State-Zip: FORT MYERS FL 33919

Title TREASURER  
Name LALLA, SUNILL  
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: SUNIL LALLA**

**TREASURER**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date