

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009379

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

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC2996081776**

**Current Principal Place of Business:**

7152 COCA SABAL LANE  
FORT MYERS, FL 33908

**Current Mailing Address:**

7152 COCA SABAL LANE  
FORT MYERS, FL 33908

**FEI Number: 26-3511285**

**Certificate of Status Desired: No**

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

PENUEL, JAMES WJR., MD  
7152 COCA SABAL LANE  
FORT MYERS, FL 33908 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:**

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 S  
Name ANDERSON, CY  
Address 3900 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title TREASURER  
Name PENUEL, JAMES W  
Address 7152 COCA SABAL LANE  
City-State-Zip: FT 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: JAMES W PENUEL JR MD**

**TREASURER**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date