

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

DOCUMENT# N16000010968

**Entity Name:** LEE COUNTY MEDICAL SOCIETY FOUNDATION, INC.**Current Principal Place of Business:**13770 PLANTATION ROAD  
SUITE 1  
FORT MYERS, FL 33912**Current Mailing Address:**13770 PLANTATION ROAD  
SUITE 1  
FORT MYERS, FL 33912 US**FEI Number:** 81-4328651**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PAST PRESIDENT
Name	SKINNER, SHARI L MD
Address	8381 RIVERWALK PARK BLVD, STE 101
City-State-Zip:	FORT MYERS FL 33919

Title	PRESIDENT
Name	BURDZY, JON DO
Address	7381 COLLEGE PKWY, #110
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	DE LA TORRE, DANIEL MD
Address	9981 SOUTH HEALTHPARK DR, #159
City-State-Zip:	FORT MYERS FL 33908

Title	ED
Name	RAMIREZ, JULIE M
Address	13770 PLANTATION ROAD, STE 1
City-State-Zip:	FORT MYERS FL 33912

  

Title	VP
Name	PALMON, FLORENTINO R MD
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	SECRETARY
Name	COSMAI-CINTRON, ELIZABETH DR.
Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907

*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****01/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date