

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90036 012 \*\*\*\*61.25

<b>DOCUMENT # 750432</b> 1. Entity Name <b>THE LEE COUNTY MEDICAL SOCIETY, INC.</b>					
Principal Place of Business <b>3805 FOWLER STREET SUITE 2 FT MYERS, FL 33901 US</b>				Mailing Address <b>P.O. BOX 60041 FT MYERS, FL 33906-0041 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILKE, ANN 3805 FOWLER STREET SUITE 2 FORT MYERS, FL 33390</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>T BURTON, ERICK M MD 8540 COLLEGE PARKWAY FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V Burton, M. Erick MD 8540 College Parkway Fort Myers, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DPP GREGG, RALPH 16979 TIMBERLAKES DR FORT MYERS, FL 33908</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>T Traiger, Dean MD 1304 SE 8th Terrace Gape Coral, FL 33990</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V RODRIGUEZ, JULIO 4901 PALM BEACH BLVD FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>Rodriguez, Julio MD 4881 Palm Beach Blvd., Ste 1 Fort Myers, FL 33905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P MURRAY, RICHARD 1515 COLONIAL BLVD FORT MYERS, FL 33907</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DPP Murray, Richard MD 15641 New Hampshire Court Fort Myers, FL 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DPP STEVENS, DOUGLAS 8380 RIVERWALK PARK BLVD #200 FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>S Morris, Cherrie MD 9981 HealthPark Circle, Ste 465 Fort Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D KLUGE, RONICA 24600 S TAMAMI TRAIL STE 400 BOCA RATON, FL 33434</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D Sultan, Shahid MD 9981 HealthPark Circle, Ste 281 Fort Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>MdG M.D.</i> <i>Julio Rodriguez, M.D.</i> <i>1/23/06</i> <i>239-936-1645</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					