2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Nam	MENT # 750432 COUNTY MEDICAL SOCIE				-26-2006 90	•						
Principal Place of Business 3805 FOWLER STREET SUITE 2 FT MYERS, FL 33901 US Mailing Address P.O. BOX 60041 FT MYERS, FL 33906-0041 L					 							
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042006 CI	hg-NP	CR2E03	7 (11/05)				
City & State		City & State			4. FEI Number 23-7026263			plied For t Applicable				
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add ee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered A	gent				
WILKE, AN		Name	ame									
	/LER STREET SUITE 2 ERS, FL 33390		Street A	treet Address (P.O. Box Number is Not Acceptable)								
			City					Zip Code				
8. The above	named entity submits this statement for	r the purpose of changing its re		register	ed agent, or both, in	the State of Flor	FL ida. Lam fa					
	tions of registered agent.		•	J	•							
SIGNATURE												
-SIGNATURE	Signature, hand or printed harms of registered agent a	and fille it emplicable (NOTE)	Renistered Anent signatu	re required	when reinstation)		DATE					
SIGNATURE	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE:	Registered Agent signate	beriuper aru	when reinstating)		DATE					
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	Deriuper aru	when reinstating) \$5.00 May Be Added to Fees	1	ke check	payable to				
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Florid	ike check da Depart	ment of St	tate			
SIGNATURE 10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Florid	ike check da Depart	ment of St	tate			
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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.

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Reg M.1

Julio Rodriguez. M.D.

1/23/06 239-936-1645