

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750432

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** THE LEE COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

3805 FOWLER STREET  
SUITE 2  
FT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60041  
FT MYERS, FL 339060041 US

**New Mailing Address:**

**FEI Number:** 23-7026263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKE, ANN  
3805 FOWLER STREET SUITE 2  
FORT MYERS, FL 33390 US

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

WILKE, ANN  
3805 FOWLER STREET SUITE 2  
FORT MYERS, FL 33901 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:

01/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPP ( ) Delete  
Name: BURTON, ERICK M MD  
Address: 9800 S HEALTH PARK DR SUITE 320  
City-St-Zip: FORT MYERS, FL 33908

Title: P ( ) Delete  
Name: TRAIGER, DEAN MD  
Address: 1304 SE 8TH TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: SWEET, CRAIG  
Address: 12611 WORLD PLAZA LANE #53  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete  
Name: HOBBS, LARRY MD  
Address: 2727 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: T ( ) Delete  
Name: MORRIS, CHERRIE MD  
Address: 9981 HEALTHPARK CIR SUITE 283  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: SULTAN, SHAHID MD  
Address: 9981 HEALTHPARK CIR SUITE 281  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPP (X) Change ( ) Addition  
Name: TRAIGER, DEAN MD  
Address: 1304 SE 8TH TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: P (X) Change ( ) Addition  
Name: HOBBS, LARRY MD  
Address: 2727 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change ( ) Addition  
Name: SWEET, CRAIG  
Address: 12611 WORLD PLAZA LANE #53  
City-St-Zip: FORT MYERS, FL 33907

Title: S (X) Change ( ) Addition  
Name: SULTAN, SHAHID MD  
Address: 9981 HEALTHPARK CIR SUITE 281  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENRICKS, DOUGLAS MD  
Address: 6311 SOUTH POINTE BLVD  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN WILKE

ED

01/23/2009

Electronic Signature of Signing Officer or Director

Date