

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750432

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

13770 PLANTATION ROAD  
SUITE 1  
FT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

13770 PLANTATION ROAD  
SUITE 1  
FT MYERS, FL 33912 US

**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  
13770 PLANTATION ROAD  
1  
FORT MYERS, FL 33912 US

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

WILKE, ANN  
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:

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACCHIAROLI, RICHARD C MD  
Address: 9981 S. HEALTH PARK DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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

Title: S  
Name: OAKES-LOTTRIDGE, ANDREW J MD  
Address: 1315 FLORIDA AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: FARAHMAND, AUDREY E MD  
Address: 14090 METROPOLIS AVENUE STE 102  
City-St-Zip: FORT MYERS, FL 33912

Title: T  
Name: MOURADADE, MARY M MD  
Address: 7981 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: CARIOBA, JOANNA C MD  
Address: 1255 VISCAYA PARKWAY STE 200  
City-St-Zip: CAPE CORAL, FL 33990

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: ANN WILKE

EXEC

01/03/2012

Electronic Signature of Signing Officer or Director

Date