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Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT,
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L24856 (1)
1. Corporation Name
LEE FP, INC.



Principal Place of Business
9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908

Mailing Address
9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DODSON, DOUGLAS A
9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ADAMS, DAN
STREET ADDRESS 2621 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME ANDREWS, PHILLIP E.
STREET ADDRESS 3487 BROADWAY
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME PAGE, RAYMA C
STREET ADDRESS 2412 KENT AVE.
CITY-ST-ZIP FORT MYERS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD
NAME BECKETT, JOHN T.
STREET ADDRESS 9800 HEALTHPARK CIRCLE, SUITE 208
CITY-ST-ZIP FORT MYERS FL 33908

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BEEMER, GEORGE
STREET ADDRESS 5651 EICHEN CIRCLE
CITY-ST-ZIP FORT MYERS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P
NAME DODSON, DOUG
STREET ADDRESS 9800 HEALTHPARK CIRCLE, SUITE 208
CITY-ST-ZIP FT MYERS FL 33908

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment to this report.

CR2E034 (1097)