

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L24856**

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**

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1989

4. FEI Number

65-0184989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Lee FP, Inc.

2a. Mailing Address

26 Lee FP, Inc.

Suite, Apt. #, etc.

22 9800 S. HealthPark Dr. #405

Suite, Apt. #, etc.

27 9800 S. HealthPark Dr. #405

City & State

23 Ft. Myers, FL

City & State

28 Ft. Myers, FL

Zip

24 33908

Country

25 U.S.

Zip

29 33908

Country

30 U.S.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)