

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90219 008 \*\*\*150.00

**DOCUMENT # L24856**

1. Entity Name  
**LEE FP, INC.**



Principal Place of Business

**9800 S HEALTHPARK DR  
STE 208  
FT MYERS, FL 33908 US**

Mailing Address

**9800 S HEALTHPARK DR  
STE 208  
FT MYERS, FL 33908 US**

**94061988**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 350**

Suite, Apt. #, etc.

**Suite 350**

02192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0184989**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DODSON, DOUGLAS A  
9800 HEALTHPARK DR  
STE 208  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name

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

**9800 S. Health Park Drive**

**Suite 350**

City

**Ft. Myers**

**FL**

Zip Code

**33908**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ADAMS, DAN**  
STREET ADDRESS **2180 WEST FIRST STREET #212**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **T** ☐ Delete  
NAME **REASONER, GARRETT H**  
STREET ADDRESS **15160 HARBOUR ISLE DR. #402**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **DS** ☐ Delete  
NAME **WINCHELL, AL**  
STREET ADDRESS **1519 REYNARD DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **D** ☒ Delete  
NAME **BEEMER, GEORGE**  
STREET ADDRESS **5652 ARVINE CIRCLE**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **P** ☐ Delete  
NAME **DODSON, DOUG**  
STREET ADDRESS **9800 S. HEALTHPARK DR.-SUITE 208**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Machiz, Steve M.D.**  
STREET ADDRESS **13821 Lake Mahogany Blvd. #3822**  
CITY-ST-ZIP **Fort Myers, FL. 33907**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 607, 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #