2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24856

Title:

Name:

Address:

City-St-Zip:

FILED Feb 09, 2007 Secretary of State

Entity Nan	ne: LEE FP, I	NC.			•	
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
9800 S HEA SUITE 350						
FT MYERS, FL 33908 US						
Current Mailing Address:			New Maili	New Mailing Address:		
9800 S HEALTHPARK DR SUITE 350						
	, FL 33908	US				
FEI Number:	65-0184989	FEI Number Applied For () FEI N	lumber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
9800 HEAL SUITE 350	DOUGLAS A THPARK DR RS, FL 33908	3 US				
The above in the State		submits this statement for the purpose	of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUR	E:					
	Electron	ic Signature of Registered Agent		Date		
Election Carr	paign Financing	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ADAMS, DAN,	Delete RST STREET #212 FL 33901	Title: Name: Address: City-St-Zip:	ADAMS, DAN,	Change()Addition ST STREET #212 L 33901	
Title: Name: Address: City-St-Zip:	DS () WINCHELL, AL 1519 REYNARI FORT MYERS,	DIDRIVE	Title: Name: Address: City-St-Zip:	S (X) C CATTI, JOSEPH 18 CATALPA CO FORT MYERS, F		
Title: Name: Address: City-St-Zip:	DODSON, DÒÚ	PARK DR STE 350	Title: Name: Address: City-St-Zip:	T (X) 0 ANDREW, SHEP 12800 UNIVERSI FORT MYERS, F	TY DR #125	

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL F ADAMS CD 02/09/2007

() Delete

() Change (X) Addition

9800 S HEALTH PARK DR STE 350

DODSON, DOÚG

FORT MYERS, FL 33908