

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24856

Entity Name: LEE FP, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

9800 S HEALTHPARK DR  
SUITE 350  
FT MYERS, FL 33908 US

## New Principal Place of Business:

## Current Mailing Address:

9800 S HEALTHPARK DR  
SUITE 350  
FT MYERS, FL 33908 US

## New Mailing Address:

FEI Number: 65-0184989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DODSON, DOUGLAS A  
9800 HEALTHPARK DR  
SUITE 350  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: ADAMS, DANIEL F  
Address: 2180 WEST FIRST STREET #212  
City-St-Zip: FORT MYERS, FL 33901

Title: SD ( ) Delete  
Name: CATTI, JOSEPH R  
Address: 12995 SOUTH CLEVELAND AVE STE 145  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete  
Name: ANDREW, SHEPPARD W  
Address: 12800 UNIVERSITY DR #125  
City-St-Zip: FORT MYERS, FL 33907

Title: P ( ) Delete  
Name: DODSON, DOUGLAS A  
Address: 9800 S HEALTH PARK DR STE 350  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: ADAMS, DANIEL F  
Address: 2104 WEST FIRST STREET APT 2304  
City-St-Zip: FORT MYERS, FL 33901

Title: VT (X) Change ( ) Addition  
Name: CATTI, JOSEPH R  
Address: 12681 CREEKSIDE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: C (X) Change ( ) Addition  
Name: ANDREW, SHEPPARD W  
Address: 12800 UNIVERSITY DR #125  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DOUGLAS A. DODSON

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date