

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24856

Entity Name: LEE FP, INC.

FILED  
Apr 08, 2010  
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:

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

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:

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: C  
Name: ANDREW, SHEPPARD W  
Address: 1363 SHADOW LANE  
City-St-Zip: FORT MYERS, FL 33901

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

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS A. DODSON

PRES

04/08/2010

Electronic Signature of Signing Officer or Director

Date