

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009379

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** INDEPENDENT PHYSICIANS ASSOCIATION OF LEE COUNTY, INC.

**Current Principal Place of Business:**

7152 COCA SABAL LANE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

7152 COCA SABAL LANE  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 26-3511285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENUEL, JAMES W JR., MD  
7152 COCA SABAL LANE  
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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PENUEL, JAMES W JR MD  
**Address:** 7152 COCA SABAL ALNE  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** VP  
**Name:** ZELLNER, STEPHEN R MD  
**Address:** 13813 METRO PARKWAY  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** S  
**Name:** KRIVISKY, BRIAN A MD  
**Address:** 3680 BROADWAY  
**City-St-Zip:** FT MYERS, FL 33901

**Title:** D  
**Name:** KORDONOWY, RAYMOND W MD  
**Address:** 6311 SOUTH POINTE BLVD  
**City-St-Zip:** FT MYERS, FL 33919

**Title:** D  
**Name:** CORRENTI, GARY  
**Address:** 12700 CREEKSIDE LANE  
**City-St-Zip:** FT MYERS, FL 33919

**Title:** D  
**Name:** AHMAD, IMTIAZ MD  
**Address:** 15420 HEALTHPARK COMMONS DR  
**City-St-Zip:** FT 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PATTI REIGLE

ADMI

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date