

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012248

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** LEE COUNTY VOLUNTEERS IN MEDICINE, INC.

**Current Principal Place of Business:**

1328 HOMESTEAD RD NORTH  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

1328 HOMESTEAD RD NORTH  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 01-0941498      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SCHROERING, STEPHEN  
1328 HOMESTEAD RD NORTH  
LEHIGH ACRES, FL 33936 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCHROERING, STEPHEN  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** VP  
**Name:** MORILLO, JOSE  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** S  
**Name:** SPRINGER, REBECCA  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** T  
**Name:** SWORDS, MICHAEL  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** D  
**Name:** GAMBLE, OSCAR  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** D  
**Name:** ANGLICKIS, RICK  
**Address:** 1328 HOMESTEAD RD. N.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

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: MICHAEL SWORDS

T

05/03/2010

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

\_\_\_\_\_  
Date