2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# N09000012248

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:

1154 LEE BOULEVARD
SUITE 2
LEHIGH ACRES, FL 33936

Current Mailing Address:

1328 HOMESTEAD RD NORTH
LEHIGH ACRES, FL 33936

New Mailing Address:

1154 LEE BOULEVARD
SUITE 2
LEHIGH ACRES, FL 33936

FEI Number: 01-0941498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHROERING, STEPHEN
1328 HOMESTEAD RD NORTH
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

KUZBYT, ANDREA
1154 LEE BOULEVARD
SUITE 2
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: ANDREA V KUZBYT 03/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHROERING, STEPHEN
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VPD
Name: ANGLICKIS, RICK
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD
Name: MURPHY, BETH
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD
Name: SWORDS, MICHAEL
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D
Name: GAMBLE, OSCAR
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D
Name: WEINER, EDD
Address: 1154 LEE BOULEVARD SUITE 2
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: STEPHEN SCHROERING PD 03/17/2011
Electronic Signature of Signing Officer or Director Date