

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012248

FILED
Feb 14, 2012
Secretary of State

Entity Name: LEE COUNTY VOLUNTEERS IN MEDICINE, INC.

Current Principal Place of Business:

1154 LEE BOULEVARD
SUITE 2
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1154 LEE BOULEVARD
SUITE 2
LEHIGH ACRES, FL 33936

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

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

Title: SD
Name: WEINER, EDWARD T
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, WILLIAM
Address: 1154 LEE BOULEVARD SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D
Name: MILLER, DENDLE
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 P SCHROERING

PD

02/14/2012

Electronic Signature of Signing Officer or Director

Date