2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N16744

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION.



May 12, 2003 8:00 am § Secretary of State

05-12-2003 90201 041 ****61.25

Principal Place of Business 8805 FOWLER STREET FT. MYERS FL 33901 US		Mailing Address 13300-56 S CLEVELAND AVE BOX 112 FT MYERS FL 33907		↓ 100/H/20 #80 E18	1 ANIXI 1201 ANIXI ANIXI ANIXI ANIX	JI PION CIBII AIRII R	17) (8)8)† †8 0)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Number 65-0117147 Applied For			
Zip	Country	Zip	Cour	ntry	5. Certificate of Stat	us Desired	\$8.75 Ac	lot Applicable Iditional
6 Name and Address of Current Posints		Registered Agent	red Agent		7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent				Name				
WILKE, ANN								
3805 FOWLER STREET				Street Address (P.O. Box Number is Not Acceptable)				
ft. Myers, f	FLF FL 33901							
				City			Zip Coo	de
• The all and a second							· - -	
	ed entity submits this statement for of ragistered agent.	r the purpose of changir	ng its registere	d office or regist	ered agent, or both, in th	e State of Florida. I	am familiar with	, and accept
the obligations of SIGNATURE				d office or regist		e State of Florida. I		and accept
the obligations of SIGNATURE Signations	of ragistered agent.	and title if applicable.		Agent signature requirenancing		DA Make Ch		
the obligations of SIGNATURE Signations	of ragistered agent.	and title if applicable. 9. Election Trust Fo	(NOTE: Registered	Agent signature requirenancing	red when reinstating) \$5.00 May Be	Make Ch Florida De	neck Payable	to State
the obligations of SIGNATURE Signation FILE 10. 717LE PD	of ragistered agent. Lived or printed name of registered agent a NOW: FEE IS \$61.25 OFFICERS AND DIR	and title if applicable. 9. Election Trust Fo	(NOTE: Registered n Campaign Fi und Contributio	Agent signature requirenancing	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable	to State
the obligations of SIGNATURE Signature FILE 10. TITLE PD O'M	of ragistered agent. St. typed or printed name of registered agent a E NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Trust Fo	n Campaign Fiund Contribution 11. IIILE NAME	Agent signature requirenancing	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of	to State
TITLE NAME STREET ADDRESS OF SIGNATURE SIGNATURE OF SIGNATURE SIGNATURE OF SIGNATUR	of ragistered agent. Strange of ragistered agent agen	9. Election Trust Fo	n Campaign Fi und Contributio	Agent signature requirements on .	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of	e to State
TILE 10. TILE NAME STREET ADDRESS CITY-ST-ZIP THE Objections of the objection of the objections of the objection of t	of ragistered agent. Strange of registered agent agen	9. Election Trust Fo	n Campaign Fi und Contributio 11. TITLE NAME STREE	Agent signature requirenancing	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II	e to State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR	of ragistered agent. Strange of registered agent agen	9. Election Trust Fo	n Campaign Fi und Contributio	Agent signature requirements on .	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of	e to State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS THE DV MAF STREET ADDRESS THE DV	Of ragistered agent. Strange of printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent a company of the printed name of registered agent ag	9. Election Trust Fo	(NOTE: Registered on Campaign Fi und Contribution 11.	Agent signature requirements of the	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II	e to State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TOWN NAME NAME NAME NAME NAME NAME NAME NAM	Of ragistered agent. Styled or printed name of registered agent a complete style of printed name of registered agent a complete style of the style	9. Election Trust Fo	(NOTE: Registered In Campaign Fi und Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Agent signature requirements of the	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II Change	to State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR TITLE RSD	OFFICERS AND DIE AALIA, CHERI B MONTEVISTA ST RT MYERS FL 33901 RINO, KARMA 60 TEAK CIRCLE RT MYERS FL 33913	9. Election Trust Fo	(NOTE: Registered in Campaign Fi und Contribution 11.	Agent signature requirements of the	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II	e to State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR TITLE NAME OVE	OFFICERS AND DIE ALLA, CHERI MONTEVISTA ST RT MYERS FL 33901 RINO, KARMA 60 TEAK CIRCLE RT MYERS FL 33913 ERBECK, JILLINDA	9. Election Trust Fo	(NOTE: Registered in Campaign Fi und Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	Agent signature requirements on.	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II Change	to State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOPE TOPE TOPE STREET ADDRESS CITY-ST-ZIP TOPE TOPE TOPE STREET ADDRESS CITY-ST-ZIP TOPE TOPE TOPE TOPE TOPE TOPE TOPE TOP	OFFICERS AND DIR ALIA, CHERI B MONTEVISTA ST RT MYERS FL 33901 RINO, KARMA 60 TEAK CIRCLE RT MYERS FL 33913 CERBECK, JILLINDA 60 DEEP PASSAGE LANE RT MYERS BEACH FL 33931	9. Election Trust Fo	(NOTE: Registered in Campaign Fi und Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Agent signature requirements of the	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II Change	to State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CSC	OFFICERS AND DIE MALIA, CHERI MONTEVISTA ST RT MYERS FL 33901 RINO, KARMA 60 TEAK CIRCLE RT MYERS FL 33913 CERBECK, JILLINDA 60 DEEP PASSAGE LANE RT MYERS BEACH FL 33931	9. Election Trust Fo	(NOTE: Registered in Campaign Fi und Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Agent signature requirements on	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of DIRECTORS II Change	to State N 10 Addition
THE Obligations of SIGNATURE SIGNATURE SIGNATURE FILE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR ALIA, CHERI B MONTEVISTA ST RT MYERS FL 33901 RINO, KARMA 60 TEAK CIRCLE RT MYERS FL 33913 CERBECK, JILLINDA 60 DEEP PASSAGE LANE RT MYERS BEACH FL 33931	9. Election Trust Fi	(NOTE: Registered in Campaign Fi und Contribution 11.	Agent signature requirements on	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of D DIRECTORS II Change	P to State N 10 Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FORT MYERS FL 33919

TRAIGER, TARNISEN

2410 SW 50TH LANE

CAPE CORAL FL 33914

☐ Delete

Delete

☐ Change

Change

■ Addition

☐ Addition