

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16745

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY, INC.

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90421 010 ****61.25

Principal Place of Business

Mailing Address

~~P.O. BOX 6445~~
~~FT. MYERS FL 33911-6445~~

~~P.O. BOX 6445~~
~~FT. MYERS FL 33911-6445~~

2. Principal Place of Business

3. Mailing Address

~~13300-56 S. Cleveland Ave~~
Suite, Apt. #, etc. #112

~~13300-56 S. Cleveland Ave~~
Suite, Apt. #, etc. #112



DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
59-1766330

Applied For
Not Applicable

Zip
33907

Country

Zip
33907

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKE, ANNE
3805 FOWLER STREET
FT. MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEET, VICTORIA P.O. BOX 6445 FORT MYERS FL 33911	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOMOLKA, DONNA 11760 HAMPTON GREENS DRIVE FORT MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISS, KAREN 12571 ALLANDALE CIRCLE FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, MONICA P O BOX 6445 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEGIN, ANGELIQUE 13832 PINEVILLA LANE FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sheeli O'Malia 13300-56 S. Cleveland Ave #112 Fort Myers, FL. 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Karma Marino 13300-56 S. Cleveland Ave #112 Fort Myers, FL. 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tamisen Traiger 13300-56 S. Cleveland Ave #112 Fort Myers, FL. 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ann Shah 13300-56 S. Cleveland Ave #112 Fort Myers, FL. 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Tamisen Traiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-02 (941) 945-5955

CR2E037 (9/01)