2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16745

FILED Nov 17, 2009 Secretary of State

Entity Name: LEE COUNTY MEDICAL SOCIETY AUXILIARY, INC.

Current Principal Place of Business: New Principal Place of Business:

13300-56 S CLEVELAND AVE # 112

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

13300-56 S CLEVELAND AVE # 112 FORT MYERS, FL 33907

FEI Number: 59-1766330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILKE, ANNE 3805 FOWLER STREET FT. MYERS, FL 33901 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: ANN WILKE

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

6221 TIDEWATER ISLAND CIRCLE

(X) Change () Addition

(X) Change () Addition

 Title:
 D
 () Delete
 Title:

 Name:
 TRAIGER, TAMI
 Name:

 Address:
 2627 SW 29TH AVE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:

 Title:
 T () Delete

 Name:
 KIM, JENNIFER

 Address:
 8530 BELLE MEADE DR

 City-St-Zip:
 FORT MYERS, FL 33908

 Title:
 S
 () Delete

 Name:
 MACCHIAROLI, MARY

 Address:
 2503 SW 22D PL

 City-St-Zip:
 CAPE CORAL, FL 33904

Title: T () Delete Name: LAQUIS, NICOLE

Address: 19846 MARKWARD CROSSING

City-St-Zip: ESTERO, FL 33928

Title: D () Delete Name: TYSON, MICHELE

Address: 9806 LEEWARD CT
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete

Name: Address: City-St-Zip: Title: D (X) Change () Addition
Name: MACCHIAROLI, MARY

RODRIGUEZ, BARBARA

FORT MYERS, FL 33908

13301 PONDEROSA WAY

FORT MYERS, FL 33907

RUBENSTEIN, BETTY

Address: 2503 SW 22D PL City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change () Addition

Name: LAQUIS, NICOLE

Address: 19846 MARKWARD CROSSING

City-St-Zip: ESTERO, FL 33928

Title: D (X) Change () Addition

Name: WITTENBORN, ANNE

Address: 14072 SHIMMERING LAKE COURT

City-St-Zip: FORT MYERS, FL 33907

Title: D () Change (X) Addition

Name: ZUCKER, SHERRI
Address: 13662 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRI ZUCKER D 11/17/2009