

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113178

FILED
Apr 28, 2008
Secretary of State

Entity Name: LEE COUNTY INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

2002 DE PRADO BLVD
SUITE 100
CAPE CORAL, FL 33990

New Principal Place of Business:

126 DEL PRADO BLVD N
SUITE 104
CAPE CORAL, FL 33909

Current Mailing Address:

2002 DE PRADO BLVD
SUITE 100
CAPE CORAL, FL 33990

New Mailing Address:

126 DEL PRADO BLVD N
SUITE 104
CAPE CORAL, FL 33909

FEI Number: 65-1151523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, NATHAN, ATTY. CPA
8695 COLLEGE PARKWAY
SUITE 112
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

ADLER, NATHAN, ATTY. CPA
8270 COLLEGE PARKWAY
SUITE 103
FORT MYERS, FL 33919 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: TORRICELLI, RICHARD J
Address: 2002 DEL PRADO BLVD STE. 100
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: TORRICELLI, RICHARD J
Address: 2002 DEL PRADO BLVD STE. 100
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: TORRICELLI, RICHARD J M.D.
Address: 13736 BRYNWOOD LN
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: TORRICELLI, RICHARD J M.D.
Address: 126 DEL PRADO BLVD N. STE. 104
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Change (X) Addition
Name: ROBERTS-TORRICELLI, JUDI A
Address: 13736 BRYNWOOD LN
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J TORRICELLI M.D.

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date