

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113178

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1151523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: ROBERTS-TORRICELLI, JUDI A
Address: 13736 BRYNWOOD LN
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

PVTs

04/30/2009

Electronic Signature of Signing Officer or Director

Date