

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000029419 (5)2425<sup>C</sup>

1. Corporation Name  
LEE IPA, INC.



Principal Place of Business

3596 BROADWAY  
FT MYERS FL 33901

Mailing Address

3596 BROADWAY  
FT MYERS FL 33901

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12995 So. Cleveland Ave 26 12995 So. Cleveland Ave

4. FEI Number

Applied For

31-1435351

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 221

27 Suite 221

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 FT MYERS FL

28 FT MYERS, FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 33907

25 USA

29 33907

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEENEY, MICHAEL J  
3596 BROADWAY  
FT MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

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TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Michael J. Sweeney MD

1.3 STREET ADDRESS 3596 BROADWAY

1.4 CITY-ST-ZIP FORT MYERS FL 33901

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Ronald Delans, MD

2.3 STREET ADDRESS 1380 Royal Palm Sq Blvd

2.4 CITY-ST-ZIP Fort Myers FL 33919

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME MARK Greenberg, MD

3.3 STREET ADDRESS 12630 Whitehall Dr.

3.4 CITY-ST-ZIP Fort Myers, FL 33907

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME James Penuel MD

4.3 STREET ADDRESS 23 BARKLEY circle

4.4 CITY-ST-ZIP FORT MYERS FL 33907

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

941 278 0090

Daytime Phone #

CR2E034 (12/95)