

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24856

Entity Name: LEE FP, INC.

Current Principal Place of Business:

9800 S HEALTHPARK DR
SUITE 350
FT MYERS, FL 33908

Current Mailing Address:

9800 S HEALTHPARK DR
SUITE 350
FT MYERS, FL 33908 US

FEI Number: 65-0184989

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 SOUTH HEALTHPARK DR
SUITE 350
FORT MYERS, FL 33908 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name ADAMS, DANIEL F
Address 2104 WEST FIRST STREET APT 2304
City-State-Zip: FORT MYERS FL 33901

Title VT
Name CATTI, JOSEPH R
Address 12681 CREEKSIDE LANE
City-State-Zip: FORT MYERS FL 33919

Title C
Name NOLAND, JOHN
Address 1715 MONROE ST.
City-State-Zip: FORT MYERS FL 33902

Title P
Name DODSON, DOUGLAS A
Address 9800 S HEALTH PARK DR STE 350
City-State-Zip: FORT MYERS FL 33908

Title D
Name INGE, RONALD E
Address 5571 HALIFAX AVENUE
City-State-Zip: FORT MYERS FL 33912

Title D
Name ROEPSTORFF, ROBBIE
Address 13000 SOUTH CLEVELAND AVENUE
City-State-Zip: FORT MYERS FL 33907

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS A. DODSON

PRESIDENT

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date