

**2015 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	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	CHAIRMAN
Name	STRAYHORN, E. BRUCE
Address	9800 S HEALTHPARK DR SUITE 350
City-State-Zip:	FT MYERS FL 33908

Title	TREASURER
Name	AKIN, RICHARD
Address	9800 S HEALTHPARK DR SUITE 350
City-State-Zip:	FT MYERS FL 33908

Title	DIRECTOR
Name	REASONER, GARRETT H
Address	9800 S HEALTHPARK DR SUITE 350
City-State-Zip:	FT MYERS FL 33908

*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****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date