

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702676 (8)

1. Corporation Name

LEESBURG REGIONAL MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

600 E. DIXIE AVENUE
LEESBURG FL 34748-5925

600 E. DIXIE AVENUE
LEESBURG FL 34748-5925

3. Date Incorporated or Qualified
07/07/1961

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0878982

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

ROBUCK, H D JR ESQ
610 E MAIN ST
LEESBURG FL 34748

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 617.0502 and 617.1508, 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 obligations of, Section 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME WILLIAMS, JAMES A
STREET ADDRESS 501 W MEADOWS STREET
CITY-ST-ZIP LEESBURG FL

1.1 TITLE C/D ☐ Change ☒ Addition
1.2 NAME Boliek, R. Richard
1.3 STREET ADDRESS 01403 Spring Lake Road
1.4 CITY-ST-ZIP Fruitland Park, FL 34731

TITLE TD ☒ DELETE
NAME BURNSSED, LYNN E
STREET ADDRESS 5549 BANANA POINT DRIVE
CITY-ST-ZIP OKAHUMPKA FL

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME Meade, Robert T., M.D.
2.3 STREET ADDRESS 9223 Silver Lake Drive
2.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE D ☐ DELETE
NAME BOWERSOX, WILLIAM P
STREET ADDRESS 505 W GIBSON STREET
CITY-ST-ZIP LEESBURG FL

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Bowersox, William P.
3.3 STREET ADDRESS 505 W. Gibson Street
3.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☐ DELETE
NAME SCHLEIN, EDWARD M M.D.
STREET ADDRESS 710 YORKTOWN DRIVE
CITY-ST-ZIP LEESBURG FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Lew, David C., M.D.
4.3 STREET ADDRESS 04314 Serene Circle
4.4 CITY-ST-ZIP Fruitland Park, FL 34731

TITLE D ☐ DELETE
NAME GLICK, MICHEAL A M.D.
STREET ADDRESS 16 LAGRANDE BLVD.
CITY-ST-ZIP LADY LAKE FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ostrander, Ted R., Jr.
5.3 STREET ADDRESS 1317 W. Citizens Blvd.
5.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE TD ☐ DELETE
NAME O'KELLEY, M. B JR
STREET ADDRESS 33749 OVERTON DRIVE
CITY-ST-ZIP LEESBURG FL

6.1 TITLE 400001793844
6.2 NAME -04/25/96--01016--003
6.3 STREET ADDRESS ***70.00
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Patton McConnell
Asst. Secretary/Treasurer

(352) 323-5001

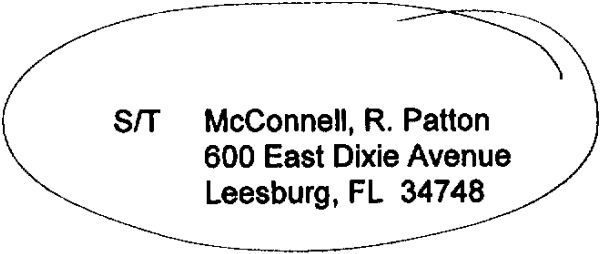
Daytime Phone #

CR2E037 (12/95)

LEESBURG REGIONAL MEDICAL CENTER, INC.

ADDITIONAL LIST OF OFFICERS & DIRECTORS

1996 CORPORATE ANNUAL REPORT



**S/T McConnell, R. Patton
600 East Dixie Avenue
Leesburg, FL 34748**

**P Giffin, James R.
600 East Dixie Avenue
Leesburg, FL 34748**