

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702676** (8)

1. Corporation Name

**LEESBURG REGIONAL MEDICAL CENTER, INC.**

Principal Place of Business

**600 E. DIXIE AVENUE  
LEESBURG FL 34748-5925**

Mailing Address

**600 E. DIXIE AVENUE  
LEESBURG FL 34748-5925**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>07/07/1961</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-0878982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOLIEK, RICHARD R.</b>	1.2 NAME	<b>Hardy, James M., M.D.</b>
STREET ADDRESS	<b>01403 SPRING LAKE RD.</b>	1.3 STREET ADDRESS	<b>601 E. Dixie Avenue, Plaza 901</b>
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	1.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEADE, ROBERT T., M.D.</b>	2.2 NAME	<b>Lew, David C., M.D.</b>
STREET ADDRESS	<b>9223 SILVER LAKE DR.</b>	2.3 STREET ADDRESS	<b>101 S. 11th Street, Suite 1</b>
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	2.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	DS/D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWERSOX, WILLIAM P</b>	3.2 NAME	<b>Ostrander, Ted R., Jr.</b>
STREET ADDRESS	<b>605 W GIBSON STREET</b>	3.3 STREET ADDRESS	<b>1317 W. Citizen Blvd.</b>
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	3.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHLEIN, EDWARD M M.D.</b>	4.2 NAME	<b>Sullivan, Timothy I.</b>
STREET ADDRESS	<b>710 YORKTOWN DRIVE</b>	4.3 STREET ADDRESS	<b>1080 Flagler Avenue</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICK, MICHAEL A M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>16 LAGRANDE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'KELLEY, M. B JR</b>	6.2 NAME	
STREET ADDRESS	<b>33749 OVERTON DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this report or on an attachment with an address.

SIGNATURE:  R. Patton McConnell 3/27/97 (352)323-5002

CR2E037 (9/96)