


4-14-98 B 4688 - C
FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	29

3. Date Incorporated or Qualified 07/07/1961	
4. FEI Number 59-0878982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ROBUCK, H D JR ESQ
610 E MAIN ST
LEESBURG FL 34748

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	BOLIEK, RICHARD R.
STREET ADDRESS	01403 SPRING LAKE RD.
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	VD <input type="checkbox"/> DELETE
NAME	MEADE, ROBEERT T., M.D.
STREET ADDRESS	9223 SILVER LAKE DR.
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	DS/D <input type="checkbox"/> DELETE
NAME	BOWERSOX, WILLIAM P
STREET ADDRESS	505 W GIBSON STREET
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input type="checkbox"/> DELETE
NAME	HARDY, JAMES M MD
STREET ADDRESS	601 E DIXIE AVE, PLAZA 901
CITY-ST-ZIP	LEESBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLICK, MICHEAL A M.D.
STREET ADDRESS	16 LAGRANDE BLVD.
CITY-ST-ZIP	LADY LAKE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	O'KELLEY, M. B JR
STREET ADDRESS	33749 OVERTON DRIVE
CITY-ST-ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bowersox, William P.
1.3 STREET ADDRESS	505 W. Gibson Street
1.4 CITY-ST-ZIP	Leesburg, FL 34748
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hardy, James M.
2.3 STREET ADDRESS	601 E. Dixie Avenue, Suite 901
2.4 CITY-ST-ZIP	Leesburg, FL 34748
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'Kelley, M. B. Jr.
3.3 STREET ADDRESS	33741 Overton Drive
3.4 CITY-ST-ZIP	Leesburg, FL 34788
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elswick, P. Shannon
4.3 STREET ADDRESS	1097 E. Jacks Road
4.4 CITY-ST-ZIP	Clermont, FL 34711
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gibson, Hugh H. III
5.3 STREET ADDRESS	313 Del Mar Drive
5.4 CITY-ST-ZIP	Lady Lake, FL 32159
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gilley, Raymond
6.3 STREET ADDRESS	40 South Dewey
6.4 CITY-ST-ZIP	Eustis, FL 32726

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: R. P. McCONNELL  3-31-98

CR2E037 (10/97)