

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


702676
FILED

04 FEB 16 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66401218



DOCUMENT # 702676					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0878982	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
H.D. ROBUCK, JR., P.A. 610 E MAIN ST LEESBURG, FL 34748			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELVIEW, GREGORY A		NAME		
STREET ADDRESS	2001 OLD W. HWY 401 SUITE 1		STREET ADDRESS	216104 90030 026	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWN, DOUGLAS W		NAME		
STREET ADDRESS	600 E. DIXIE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNEVELD, WILLIAM J		NAME	See attached	
STREET ADDRESS	2122 PARK HOLLAND OAD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, JAMES M.		NAME	LIST	
STREET ADDRESS	601 E DIXIE AVE STE 901		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSWICK, B. SHANNON		NAME		
STREET ADDRESS	1097 E JACKS RD		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNIO, DAVID W		NAME		
STREET ADDRESS	601 E. DIXIE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

Attachment

606401218

LEESBURG REGIONAL MEDICAL CENTER, INC.
BOARD OF DIRECTORS
2004

#702676

WILLIAM J. BINNEVELD
CHAIRMAN
2122 Park Holland Road
Leesburg, FL 34748

JAMES M. HARDY, M.D.
VICE CHAIRMAN
601 E. Dixie Avenue, Plaza 901
Leesburg, FL 34748

GREGORY A. BELIVEAU
SECRETARY
The Land Planning Group
2001 Old U.S. Highway 441, Suite 1
Mount Dora, FL 32757

DOUGLAS W. BRAUN
TREASURER
P. O. Box 491366
Leesburg, FL 34749-1366

JOHN D. BRANDEBURG
05330 Magnolia Ridge Road
Fruitland Park, FL 34731

REPRESENTATIVE HUGH H.
GIBSON, III
313 Del Mar Drive
Lady Lake, FL 32159

DAVID W. BURNSED, M.D.
601 E. Dixie Avenue, Plaza 1001
Leesburg, FL 34748

STEPHEN T. KURTZ
P. O. Box 490420
Leesburg, FL 34749-0420

Richard L. Wooten
President & CEO
600 East Dixie Avenue
Leesburg, FL 34748

R. Patton McConnell
Assistant Secretary / Treasurer
600 East Dixie Avenue
Leesburg, FL 34748