

702676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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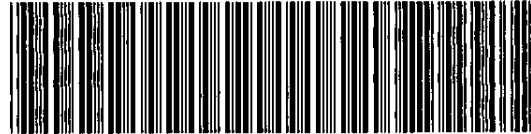
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Leesburg Regional Medical Center, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 702676

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip J. Braun  
Name of Contact Person

Central Florida Health Alliance, Inc.  
Firm/Company

600 East Dixie Avenue  
Address

Leesburg, FL 34748  
City/State and Zip Code

pbraun@cfhalliance.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip J. Braun at ( 352 ) 323-5924  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Leesburg Regional Medical Center, Inc.
2. The principal office address: 600 East Dixie Avenue  
Leesburg, Florida 34748
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/07/1961 Document number: 702676

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Philip J. Braun  
940 Lake Shore Drive - Ste 200  
The Villages FL 32162 US


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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Philip J. Braun  
301 West Oak Terrace Drive  
P.O. Box NOT acceptable  
Leesburg, FL 34748 US

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dale E. Hocking, SVP/CFO, AS  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

7-8-11  
Date

If signing on behalf of an entity:

Philip J. Braun  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*