

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 07 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
---	---	---

**DOCUMENT # 740885 (9)**  
1. Corporation Name  
**LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC**

Principal Place of Business <b>600 E. DIXIE AVE. LEESBURG FL 34748</b>	Mailing Address <b>600 E. DIXIE AVE. LEESBURG FL 34748-5925</b>
---	--



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

3. Date Incorporated or Qualified <b>11/23/1977</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>59-1800743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**ROBUCK, H D, JR, ESQUIRE  
610 E MAIN ST  
LEESBURG FL 32748**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 renewing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAST, GEORGE H.</b>	1.2 NAME	<b>Rast, George H.</b>
STREET ADDRESS	<b>1303 S 8TH ST</b>	1.3 STREET ADDRESS	<b>821 Lake Port Blvd, A404</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAST, MILDRED C.</b>	2.2 NAME	<b>Rast, Mildred C.</b>
STREET ADDRESS	<b>1303 S 8TH ST</b>	2.3 STREET ADDRESS	<b>821 Lake Port Blvd., A404</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FAUST, BETTIE L.</b>	3.2 NAME	<b>Bent, Karen</b>
STREET ADDRESS	<b>1620 LOVES POINT RD</b>	3.3 STREET ADDRESS	<b>811 Berryhill Circle</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	<b>Fruitland Park, FL 34731</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOWELL, JR. P</b>	4.2 NAME	<b>Cauthen, Robin A.</b>
STREET ADDRESS	<b>603 GIBSON STREET</b>	4.3 STREET ADDRESS	<b>9313 Silver Lake Drive</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWERSOX, WILLIAM P</b>	5.2 NAME	<b>Elleck, Helen</b>
STREET ADDRESS	<b>505 W GIBSON STREET</b>	5.3 STREET ADDRESS	<b>176 Millwood Road</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, BARBARA</b>	6.2 NAME	<b>Griffin, Elsie R.</b>
STREET ADDRESS	<b>2 PALM DRIVE, THE SPRINGS</b>	6.3 STREET ADDRESS	<b>206 E. Croton Way</b>
CITY-ST-ZIP	<b>VALAHA FL</b>	6.4 CITY-ST-ZIP	<b>Howey-In-The-Hills, FL 34731</b>

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 if changed, or on an attachment with an address.

SIGNATURE: William P. Bowersox **William P. Bowersox** **3-31-97** (352) 787-3202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070158  
President

CR2E037 (9/96)

**Leesburg Regional Medical Center Foundation, Inc.  
Additional Board of Directors  
1997**

**D**

**Husebo, Wendell F.  
9481 Silver Lake Drive  
Leesburg, FL 34788**

**D**

**Robuck, Iris H.  
9341 Silver Lake Drive  
Leesburg, FL 34788**

**D**

**Rose, W. H.  
102 Orchid Way  
Howey-in-the-Hills, FL 34737**

**D**

**Schlein, Kay A.  
710 Yorktown Drive  
Leesburg, FL 34748**

**D**

**Sentner, Kevin A.  
33014 Karl Ct.  
Leesburg, FL 34788**

**D**

**Sherman, Joanne B.  
30017 Johnson Point Rd.  
Leesburg, FL 34748**