

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
---	---

3. Date Incorporated or Qualified <b>11/23/1977</b>	
4. FEI Number <b>59-1800743</b>	Applied For <input type="checkbox"/> 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>	
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	

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 Zip
24 Country	29 Country
25	30

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	
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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAST, GEORGE H.</b>	1.2 NAME	<b>Robuck, Iris H.</b>
STREET ADDRESS	<b>821 LAKE PORT BLVD., A404</b>	1.3 STREET ADDRESS	<b>9341 Silver Lake Drive</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <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>821 LAKE PORT BLVD., A404</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	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FAUST, BETTIE L.</b>	3.2 NAME	<b>Sherman, Joanne B.</b>
STREET ADDRESS	<b>1620 LOVES POINT RD</b>	3.3 STREET ADDRESS	<b>425 S. Whitney Road</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, P B JR.</b>	4.2 NAME	<b>Howell, P. B., Jr.</b>
STREET ADDRESS	<b>603 GIBSON STREET</b>	4.3 STREET ADDRESS	<b>603 Gibson Street</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWERSOX, WILLIAM P</b>	5.2 NAME	<b>Sentner, Kevin A.</b>
STREET ADDRESS	<b>505 W GIBSON STREET</b>	5.3 STREET ADDRESS	<b>33014 Karl Street</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, BARBARA</b>	6.2 NAME	<b>Wright, Barbara J.</b>
STREET ADDRESS	<b>2 PALM DRIVE, THE SPRINGS</b>	6.3 STREET ADDRESS	<b>2 Palm Drive</b>
CITY-ST-ZIP	<b>VALAHA FL</b>	6.4 CITY-ST-ZIP	<b>Yalaha, FL 34797</b>

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 as an attachment with an address.

SIGNATURE: *[Signature]* **MR. P. McCONNELL** 3-31-98

CFR2E037 (10/97)

**Leesburg Regional Medical Center Foundation, Inc.**

**Additional List of Officers & Directors**

**1998 Corporate Annual Report**

- D Bent, Karen  
811 Berryhill Circle  
Fruitland Park, FL 34731**
- D Elleck, Helen  
176 Millwood Road  
Leesburg, FL 34788**
- D Griffin, Elsie R.  
206 E. Croton Way  
Howey-In-The-Hills, FL 34737**
- D Husebo, Wendell F.  
9481 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**