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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90127 048 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740885** ✓

1. Corporation Name  
**LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC**

Principal Place of Business 600 E. DIXIE AVE. LEESBURG FL 34748	Mailing Address 600 E. DIXIE AVE. LEESBURG FL 34748
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/23/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1800743
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAST, GEORGE H.	
STREET ADDRESS	821 LAKE PORT BLVD., A404	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAST, MILDRED C.	
STREET ADDRESS	821 LAKE PORT BLVD., A404	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUST, BETTIE L.	
STREET ADDRESS	1620 LOVES POINT RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, P B JR.	
STREET ADDRESS	603 GIBSON STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOWERSOX, WILLIAM P	
STREET ADDRESS	505 W GIBSON STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, BARBARA	
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	
CITY-ST-ZIP	VALAHA 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	William P. Bowersox	
1.3 STREET ADDRESS	505 West Gibson Street	
1.4 CITY-ST-ZIP	Leesburg, FL 34848	
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kevin A. Sentner	
2.3 STREET ADDRESS	33014 Karl Street	
2.4 CITY-ST-ZIP	Leesburg, FL 34788	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W.H. Rose	
3.3 STREET ADDRESS	1093 Palm Harbor Drive	
3.4 CITY-ST-ZIP	Leesburg, FL 34748	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elsie R. Griffin	
4.3 STREET ADDRESS	206 E. Croton Way	
4.4 CITY-ST-ZIP	Winter Park, FL 32790-0546	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Chai* 3/31/99 (352) 753-4888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

**LRMC Foundation  
Board of Directors**

740885  
444735-90127-48

**Additional list of Officers**

1999

Mrs. Iris H. Robuck  
Secretary

9341 Silver Lake Drive  
Leesburg, FL 34788  
H# 352-787-2203

Mrs. Joanne B. Sherman  
Treasurer

425 S. Whitney Road  
Leesburg, FL 34748  
H# 352-360-0318  
W# 352-323-6925  
F# 352-787-8705

Ms. Karen Bent  
Director

811 Berryhill Circle  
Fruitland Park, FL 34731  
H# 352-728-3348  
W# 352-326-4704  
F# 352-326-4731

Mrs. Helen Elleck  
Director

176 Millwood Road  
Leesburg, FL 34788  
H# 352-589-8942

Mr. Wendell F. Husebo  
Director

9481 Silver Lake Drive  
Leesburg, FL 34748  
H# 352-728-5000  
W# 352-787-5777  
F# 352-787-5510

Mrs. Kay A. Schlein  
Director

710 Yorktown Drive  
Leesburg, FL 34748  
H# 352-326-5929