


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 740885 1. Entity Name LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 600 E. DIXIE AVE. LEESBURG, FL 34748	Mailing Address 701 NORTH PALMETTO ST. STE. E LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1800743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILIP BRAUN
 301 WEST OAK TERRACE
 LEESBURG, FL 34748

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHERMAN, JOANNE 425 SOUTH WHITNEY ROAD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SULLIVAN, TIMOTHY 1521 PARK DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMAN, THOMAS 4132 BAIR AVENUE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENT, KAREN 811 BERRYHILL CIRCLE FRUITLAND PARK, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN-COHRN, DESIREE 15714 ACORN CIR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GREGORY 108 ROSE AVENUE FRUITLAND PARK, FL 34731

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 01/28/08-90017-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Desiree Coleman-Cohn* **1-7-08** **352 323-5560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #