


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90053 014 ****61.25

DOCUMENT # N98000004562					
1. Entity Name THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.					
Principal Place of Business 1451 EL CAMINO REAL THE VILLAGES, FL 32159		Mailing Address 1451 EL CAMINO REAL ACCOUNTS PAYABLE THE VILLAGES, FL 32159			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3527036	
				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			7. Name and Address of New Registered Agent		
SNYDER, DAVID M 1451 EL CAMINO REAL THE VILLAGES, FL 32159			Name Tim Menton		
			Street Address (P.O. Box Number is Not Acceptable) 1451 El Camino Real		
			City The Villages		
			FL		
			Zip Code 32159		
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 <u>Tim P. Menton</u> DATE <u>3/28/05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, GARY H		NAME	Doug Rahn	
STREET ADDRESS	1100 MAIN STREET		STREET ADDRESS	600 East Dixie Avenue	
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSED, DEWEY		NAME		
STREET ADDRESS	P.O. BOX 1299		STREET ADDRESS		
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, MARK		NAME	W. Thomas Brooks	
STREET ADDRESS	1100 MAIN STREET		STREET ADDRESS	206 North Third Street	
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, RICHARD		NAME	Dr. Clifton Bridges	
STREET ADDRESS	600 EAST DIXIE AVENUE		STREET ADDRESS	600 Sunnyside Drive	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNEVELD, BILL		NAME		
STREET ADDRESS	2122 PARK HOLLAND RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 empowerments.					
SIGNATURE: <u>Doug Rahn</u> DATE <u>3/29/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					