

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004562

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1451 EL CAMINO REAL  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

1451 EL CAMINO REAL  
ACCOUNTS PAYABLE  
THE VILLAGES, FL 32159

**New Mailing Address:**

600 EAST DIXIE AVENUE  
ADMINISTRATION SOUTH/DALE HOCKING  
LEESBURG, FL 34748

FEI Number: 59-3527036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENTON, TIM  
1451 EL CAMINO REAL  
THE VILLAGES, FL 32159 US

**Name and Address of New Registered Agent:**

BRAUN, PHILLIP ESQ  
600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

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.

SIGNATURE: PHILLIP BRAUN

02/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: BINNEVELD, WILLIAM J  
Address: 310 MARKET ST  
City-St-Zip: LEESBURG, FL 34748

Title: VC ( ) Delete  
Name: SUSTARSIC, DAVID L MD  
Address: 601 E DIXIE AVE., PLAZA 805  
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Delete  
Name: BRANDEBURG, JOHN D  
Address: 65330 MAGNOLIA RIDGE RD  
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete  
Name: BRIDGES, DR. CLIFTON  
Address: 600 SUNNYSIDE DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: AS ( ) Delete  
Name: HOCKING, DALE E CPA  
Address: 600 EAST DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Delete  
Name: BELIVEAU, GREGORY  
Address: 1162 CAMP AVE  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: BRANDEBURG, JOHN D  
Address: 39524 WOODGATE LANE  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE E. HOCKING, CPA

AS

02/22/2007

Electronic Signature of Signing Officer or Director

Date