

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004562

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

600 E DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

1451 EL CAMINO REAL
THE VILLAGES, FL

Current Mailing Address:

600 E DIXIE AVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3527036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, PHILLIP J
301 W OAK TERRACE DR STE 102
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SUSTARSIC, DAVID L MD
Address: 511 MEDICAL PLAZA DRIVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: VC () Delete
Name: WILLIAMS, ROBERT Q ESQ
Address: 380 WEST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: BRANDEBURG, JOHN D
Address: 39524 WOODGATE LANE
City-St-Zip: LADY LAKE, FL 32159

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

Title: S () Delete
Name: NELSON, CEILA K MD
Address: 32721 RADIO ROAD
City-St-Zip: LEESBURG, FL 34748

Title: PCEO () Delete
Name: HUNTLEY, LEE S
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LEWIS, GREGORY R
Address: PO BOX 1925
City-St-Zip: EUSTIS, FL 32726

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

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 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 HOCKING

AS

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date