

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004562

FILED
Jan 11, 2011
Secretary of State

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

Current Principal Place of Business:

1451 EL CAMINO REAL
THE VILLAGES, FL

New Principal Place of Business:

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
940 LAKE SHORE DRIVE - STE. 200
THE VILLAGES, FL 32162 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
Name: SUSTARSIC, DAVID L MD
Address: 511 MEDICAL PLAZA DRIVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

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

Title: T
Name: LEWIS, GREGORY R
Address: PO BOX 1925
City-St-Zip: EUSTIS, FL 32726

Title: AS
Name: HOCKING, DALE E CPA/SVP
Address: 940 LAKE SHORE DRIVE, SUITE 200
City-St-Zip: THE VILLAGES, FL 32162

Title: S
Name: THOMAS, BROOKS
Address: 1020 LAKE SUMTER LANDING, THE VILLAGES ACC
City-St-Zip: THE VILLAGES, FL 32162

Title: PCEO
Name: HUNTLEY, LEE S
Address: 940 LAKE SHORE DRIVE, SUITE 200
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: DALE E. HOCKING

AS

01/11/2011

Electronic Signature of Signing Officer or Director

Date