

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740885** (9)

1. Corporation Name

**LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC**



Principal Place of Business <b>600 E. DIXIE AVE. LEESBURG FL 34748</b>	Mailing Address <b>600 E. DIXIE AVE. LEESBURG FL 34748-5925</b>
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3. Date Incorporated or Qualified <b>11/23/1977</b>	3a. Date of Last Report <b>04/04/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-1800743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROBUCK, H D, JR, ESQUIRE 610 E MAIN ST LEESBURG FL 32748</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAST, GEORGE H.</b>
STREET ADDRESS	<b>1303 S 8TH ST</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>RAST, MILDRED C.</b>
STREET ADDRESS	<b>1303 S 8TH ST</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FAUST, BETTIE L.</b>
STREET ADDRESS	<b>1620 LOVES POINT RD</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>HOWELL, JR. P</b>
STREET ADDRESS	<b>603 GIBSON STREET</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>BOWERSOX, WILLIAM P</b>
STREET ADDRESS	<b>505 W GIBSON STREET</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>WRIGHT, BARBARA</b>
STREET ADDRESS	<b>2 PALM DRIVE, THE SPRINGS</b>
CITY - ST - ZIP	<b>VALAHA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rast, George H.</b>
1.3 STREET ADDRESS	<b>821 Lake Port Blvd, A404</b>
1.4 CITY - ST - ZIP	<b>Leesburg, FL 34748</b>
2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rast, Mildred C.</b>
2.3 STREET ADDRESS	<b>821 Lake Port Blvd., A404</b>
2.4 CITY - ST - ZIP	<b>Leesburg, FL 34748</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bent, Karen</b>
3.3 STREET ADDRESS	<b>811 Berryhill Circle</b>
3.4 CITY - ST - ZIP	<b>Fruitland Park, FL 34731</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Cauthen, Robin A.</b>
4.3 STREET ADDRESS	<b>9313 Silver Lake Drive</b>
4.4 CITY - ST - ZIP	<b>Leesburg, FL 34788</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Elleck, Helen</b>
5.3 STREET ADDRESS	<b>176 Millwood Road</b>
5.4 CITY - ST - ZIP	<b>Leesburg, FL 34788</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Griffin, Elsie R.</b>
6.3 STREET ADDRESS	<b>206 E. Croton Way</b>
6.4 CITY - ST - ZIP	<b>Howey-In-The-Hills, FL 34731</b>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William P. Bowersox* **William P. Bowersox**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**President**

**3-31-97** (352) 787-3202  
Date Daytime Phone # **0070158**

CR2E037 (9/96)

**Leesburg Regional Medical Center Foundation, Inc.  
Additional Board of Directors  
1997**

**D  
Husebo, Wendell F.  
9481 Silver Lake Drive  
Leesburg, FL 34788**

**D  
Robuck, Iris H.  
9341 Silver Lake Drive  
Leesburg, FL 34788**

**D  
Rose, W. H.  
102 Orchid Way  
Howey-in-the-Hills, FL 34737**

**D  
Schlein, Kay A.  
710 Yorktown Drive  
Leesburg, FL 34748**

**D  
Sentner, Kevin A.  
33014 Karl Ct.  
Leesburg, FL 34788**

**D  
Sherman, Joanne B.  
30017 Johnson Point Rd.  
Leesburg, FL 34748**