2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740885

FILED Apr 30, 2006 Secretary of State

Entity Name: LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

600 E. DIXIE AVE. LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

600 E. DIXIE AVE.

TO 1 NORTH PALMETTO ST. STE. E
LEESBURG, FL 34748

LEESBURG, FL 34748

FEI Number: 59-1800743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBUCK, H D, JR, ESQUIRE

PHILIP BRAUN
201 MEST OAK

610 E MAIN ST 301 WEST OAK TERRACE LEESBURG, FL 32748 US 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: PHIL BRAUN 04/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: ANDREWS, MAC Name: BOWWERSOX, BILL

Address: 33640 OVERTON CIRCLE Address: 505 GIBSON STREET
City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34748

Title: D () Delete Title: () Change () Addition

Name:BENT, KARENName:Address:811 BERRYHILL CIRCLEAddress:City-St-Zip:FRUITLAND PARK, FL 34731City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:BINNEVELD, WILLIAM PName:SHERMAN, JOANNEAddress:505 W GIBSON STREETAddress:425 S. WHITNEY ROADCity-St-Zip:LEESBURG, FL 34748City-St-Zip:LEESBURG, FL 34748

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BROWN, GREGORY
 Name:
 ROBUCK, IRIS

 Address:
 108 ROSE AVENUE
 Address:
 9431 SILVER LAKE DRIVE.

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:
 LEESBURG, FL 34788

Title: P () Delete Title: () Change () Addition

 Name:
 COLEMAN-COHRN, DESIREE
 Name:

 Address:
 15714 ACORN CIR
 Address:

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:

Name:WRIGHT, BARBARAName:BROWN, GREGORYAddress:2 PALM DRIVE, THE SPRINGSAddress:108 ROSE AVENUECity-St-Zip:VALAHA, FLCity-St-Zip:FRUITLAND PARK, FL 34731

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: DESIREE COLEMAN-COHRN P 04/30/2006