

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 702676

Entity Name: LEESBURG REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

600 E. DIXIE AVENUE
LEESBURG, FL 34748

Current Mailing Address:

600 E. DIXIE AVENUE
LEESBURG, FL 34748 US

FEI Number: 59-0878982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
715 WEST OAK TERRACE DR
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name NELSON, DAVID R.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title CEO, DIRECTOR
Name JIMENEZ, EDWARD M.B.A.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name KUNTZ, THOMAS G.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name FUCHS, W. KENT PH.D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name GIBBS, C. PARKER JR., M.D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JOHNSON, JULIE A. PHARM.D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name SU, LI-MING M.D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name UPCHURCH, GILBERT R. JR., M.D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Continues on page 2

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: PHIL BRAUN

RA

05/27/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BEEBE, E. HUNTER
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title CFO/ASSISTANT SECRETARY
Name KELLY, JAMES J.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY
Name BRAUN, PHIL
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name LEWIS, GREG
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name KOCH, COLLEEN
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name POWERS, MARSHA D.
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name JENKINS, RANDALL
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JASMUND, DAVID
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name COWEN, CHRISTOPHER
Address 600 E. DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748