

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702676

**FILED  
Mar 16, 2015  
Secretary of State  
CC1031111092**

**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 C  
Name HAHNFELDT, DON V  
Address 1793 HARTFORD PATH  
City-State-Zip: THE VILLAGES FL 32162

Title VC  
Name LEWIS, GREGORY R  
Address PO BOX 1925  
UNITED SOUTHERN BANK  
City-State-Zip: EUSTIS FL 32727

Title T  
Name BEYERS, ROGER A  
Address 1123 W MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title PCEO  
Name HENDERSON, DONALD G  
Address 600 EAST DIXIE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title AS  
Name HARDEN, DIANE  
Address 600 EAST DIXIE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title S  
Name SPENCER, DIANE B  
Address 3098 EASTFIELD PATH  
City-State-Zip: THE VILLAGES FL 32163

*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: DONALD G. HENDERSON**

**PCEO**

**03/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date