

2013 FLORIDA NOT FOR PROFIT CORPORATION 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
600 EAST DIXIE AVENUE
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 WILLIAMS, ROBERT QESQ
Address 380 W ALFRED ST
City-State-Zip: TAVARES FL 32778

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

Title T
Name LEWIS, GREGORY R
Address PO BOX 1925
City-State-Zip: EUSTIS FL 32727

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 2162 KAYLEE DRIVE
City-State-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: DONALD G HENDERSON

PCEO

02/26/2013

Electronic Signature of Signing Officer/Director Detail

Date