2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2017
Secretary of State
CC7995222214

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

Title	T
Name	BLAISE, LINDSEY
Address	1050 LAKE SUMTER LANDING CITIZENS FIRST BANK
City-State-Zip:	THE VILLAGES FL 32162

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

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

Title	PCEO
Name	HENDERSON, DONALD G
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 01/19/2017

Electronic Signature of Signing Officer/Director Detail — Date