

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740885

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

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**9555619130CC**

**Current Principal Place of Business:**

701 N. PALMETTO STREET  
SUITE G  
LEESBURG, FL 34748

**Current Mailing Address:**

701 N PALMETTO STREET  
SUITE G  
LEESBURG, FL 34748 US

**FEI Number: 59-1800743**

**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 TUCKER, GERALD  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title AUTHORIZED AGENT  
Name BRAUN, PHILIP J  
Address 715 W OAK TERRACE DR  
City-State-Zip: LEESBURG FL 34748

Title CHAIRMAN, TREASURER  
Name GONZALES, JOSH  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title 1ST VC  
Name LOFARO, ANDREW  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name GRADY, PATRICK  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MERRILL, BLAKE  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name NAILOS, HEATH  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title 2ND VC  
Name DAVIS, LORI  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

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*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: PHILIP BRAUN**

**RA**

**04/01/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GEVERINK, DOLORES  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name WINKER, LYNNE  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name PATTEN, AMANDA  
Address 701 N. PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name SULLIVAN, DENEAL  
Address 701 N. PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name CONEY, BETTYE STEVENS  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name VAN DE VELDE, DAVE  
Address 701 N. PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name TATRO, DAN  
Address 701 N PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MUKRI, KEVIN  
Address 701 N. PALMETTO STREET  
SUITE G  
City-State-Zip: LEESBURG FL 34748