

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 740885

Entity Name: LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC.

FILED
Mar 03, 2020
Secretary of State
2447029858CC

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 CHAIRMAN
Name THOMAS, KEN
Address 3527 LAUGHLIN RD
City-State-Zip: ZELLWOOD FL 32798

Title VC
Name TUCKER, GERALD
Address 1519 BRIER CREEK CIRCLE
City-State-Zip: THE VILLAGES FL 32159

Title S
Name WILHIDE, BEVERLY
Address 517 CANTABRIA DR.
City-State-Zip: DAVENPORT FL 33837

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

Title TREASURER
Name GONZALEZ, JOSH
Address 16541 ROCKWELL HTS. LANE
City-State-Zip: CLERMONT FL 34711

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 J. BRAUN

RA

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date