

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740885

Entity Name: LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC.**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 SECRETARY
Name THOMAS, KEN
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 2ND VC
Name LOFARO, ANDREW
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 CHAIRMAN
Name TUCKER, GERALD
Address 701 N PALMETTO STREET
SUITE G
City-State-Zip: LEESBURG FL 34748

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

Title TREASURER
Name GRADY, PATRICK
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

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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 J. BRAUN

RA

02/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AUXILIARY PRESIDENT, DIRECTOR
Name CONDE-VEGA, MIRTA
Address 701 N PALMETTO STREET
SUITE G
City-State-Zip: LEESBURG FL 34748

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

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 DAVIS, LORI
Address 701 N PALMETTO STREET
SUITE G
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name STEFANOVIC, MARIA
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