

2020 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 C
Name ANDREWS, MAC
Address P.O. BOX 491271
City-State-Zip: LEESBURG FL 34749Title VC
Name THOMAS, KEN
Address PO BOX 753
City-State-Zip: ZELLWOOD FL 32798Title T
Name TUCKER, GERALD
Address 1519 BRIER CREEK CIRCLE
City-State-Zip: THE VILLAGES FL 32159Title S
Name WILHIDE, BEVERLY
Address 655 OSADA AVENUE
City-State-Zip: THE VILLAGES FL 32162Title AUTHORIZED AGENT
Name BRAUN, PHILIP J
Address 715 WEST OAK TERRACE DR
City-State-Zip: LEESBURG FL 34748

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

03/02/2020

Electronic Signature of Signing Officer/Director Detail

Date