

2013 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:

1501 N US HWY 441
1802
THE VILLAGES, FL 32159

FEI Number: 59-1800743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVE
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 TUCKER, GERALD
Address 1519 BRIER CREEK CIRCLE
City-State-Zip: THE VILLAGES FL 32159

Title T
Name WEST, RANDALL
Address 11962 CR 101 STE 303
City-State-Zip: THE VILLAGES FL 32162

Title VC
Name WINKER, LYNNE
Address 2701 S BAY STREET
City-State-Zip: EUSTIS FL 32726

Title S
Name WILHIDE, BEVERLY
Address 1638 BLACK LAKE DRIVE
City-State-Zip: THE VILLAGES FL 32162

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: GERALD TUCKER

C

03/21/2013

Electronic Signature of Signing Officer/Director Detail

Date