2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

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

Officer/Director Detail :

	Officer/Direc			
	Title	SECRETARY	Title	CHAIRMAN
	Name	THOMAS, KEN	Name	TUCKER, GERALD
	Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
	City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
	Title	AUTHORIZED AGENT	Title	1ST VC
	Name	BRAUN, PHILIP J	Name	GONZALES, JOSH
	Address City-State-Zip:	715 W OAK TERRACE DR LEESBURG FL 34748	Address	701 N PALMETTO STREET SUITE G
			City-State-Zip:	LEESBURG FL 34748
	Title	2ND VC	Title Name	TREASURER
	Name	LOFARO, ANDREW		GRADY, PATRICK
	Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
	City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	
	Title	DIRECTOR	Title	DIRECTOR
	Name	SPEARS, DANIELLE	Name	MERRILL, BLAKE
		701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
	City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	

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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

Electronic Signature of Signing Officer/Director Detail

FILED Mar 11, 2021 Secretary of State 50186555555CC

Date

03/11/2021 Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	NAILOS, HEATH	Name	DEYOUNG, ANNE
Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	AUXILIARY PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	CONDE-VEGA, MIRTA	Name	PLUTA, OLIVER P.
Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	DIRECTOR	Title	DIRECTOR
Name			
Name	DAVIS, LORI	Name	MAZE, JOHN
Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	DIRECTOR	Title	DIRECTOR
Name	STEFANOVIC, MARIA	Name	GEVERINK, DOLORES
Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	DIRECTOR	Title	DIRECTOR
Name		Name	
Name	CONEY, BETTYE STEVENS	Name	WINKER, LYNNE
Address	701 N PALMETTO STREET SUITE G	Address	701 N PALMETTO STREET SUITE G
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748