

2021 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 3527 LAUGHLIN RD
City-State-Zip: ZELLWOOD FL 32798

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

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

Title 1ST VC
Name GONZALES, JOSH
Address 16541 ROCKWELL HTS. LANE
City-State-Zip: CLERMONT FL 34711

Title 2ND VC
Name LOFARO, ANDREW
Address 1031 ATLANTIC AVENUE
City-State-Zip: FRUITLAND PARK FL 34731

Title TREASURER
Name GRADY, PATRICK
Address 6658 CR 625
City-State-Zip: BUSHNELL FL 33513

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

RA

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date