

2014 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 WINKER, LYNNE
Address 2701 S BAY STREET
UNITED SOUTHERN BANK
City-State-Zip: EUSTIS FL 32726

Title T
Name MAZE, JOHN
Address 10846 VERSAILLES BLVD
City-State-Zip: CLERMONT FL 34711

Title VC
Name VAN DE VELDE, DAVE
Address 2978 BONIFAY PATH
City-State-Zip: THE VILLAGES FL 32163

Title S
Name WILHIDE, BEVERLY
Address 655 OSADA AVENUE
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: LYNNE WINKER

C

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date