

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 740885

**Entity Name:** LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC.

**FILED**  
**Mar 03, 2020**  
**Secretary of State**  
**2447029858CC**

**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 CHAIRMAN  
Name THOMAS, KEN  
Address 3527 LAUGHLIN RD  
City-State-Zip: ZELLWOOD FL 32798

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

Title S  
Name WILHIDE, BEVERLY  
Address 517 CANTABRIA DR.  
City-State-Zip: DAVENPORT FL 33837

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

Title TREASURER  
Name GONZALEZ, JOSH  
Address 16541 ROCKWELL HTS. LANE  
City-State-Zip: CLERMONT FL 34711

*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**

**03/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date