

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002457

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**6894083410CC**

**Entity Name:** THE LAKEWOOD RANCH MEDICAL CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

8330 LAKEWOOD RANCH BLVD  
BRADENTON, FL 34202

**Current Mailing Address:**

P.O. BOX 110052  
LAKEWOOD RANCH, FL 34211 US

**FEI Number: 06-1719766**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            D  
Name            DESEAR, VERNON  
Address        8330 LAKEWOOD RANCH BLVD  
City-State-Zip: BRADENTON FL 34202

Title            P  
Name            COWAN, CAROLE A.  
Address        P.O. BOX 110052  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title            TREASURER  
Name            GOLDBERG, JANET  
Address        P.O. BOX 110052  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title            SECRETARY  
Name            MATHISON, DIANA  
Address        P.O. BOX 110052  
City-State-Zip: LAKEWOOD RANCH FL 34211

*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: CAROLE A. COWAN**

**PRESIDENT**

**01/28/2021**

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

\_\_\_\_\_  
Date