

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000004562

Entity Name: THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.

Current Principal Place of Business:

1451 EL CAMINO REAL
THE VILLAGES, FL 32159

Current Mailing Address:

600 E DIXIE AVE
LEESBURG, FL 34748 US

FEI Number: 59-3527036

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 DIRECTOR
Name NELSON, DAVID R. M.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name KUNTZ, THOMAS G.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name FUCHS, W. KENT PH.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name GIBBS, C. PARKER JR., M.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name JOHNSON, JULIE A. PHARM.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name SU, LI-MING M.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name UPCHURCH, GILBERT R. JR., M.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name BEEBE, E. HUNTER
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

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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: PHIL BRAUN

RA

08/01/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POWERS, MARSHA D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title SECRETARY
Name BRAUN, PHIL
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name LEWIS, GREG
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name KOCH, COLLEEN
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title ASST. SECRETARY
Name COLEMAN, KEVIN ESQ.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title COO
Name LONG, HEATHER B.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name LICHT, JONATHAN
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title T, CFO, CEO, DIRECTOR
Name KELLY, JAMES J.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name JASMUND, DAVID
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name COWEN, CHRISTOPHER
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name ZUCKER, ANITA
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title ASST. SECRETARY
Name MCDOWELL, LAWRENCE ESQ.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name ZIMMEL, DANA
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159