

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004562

FILED
Mar 09, 2016
Secretary of State
CC1861411583

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

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 C
Name LEWIS, GREGORY R
Address PO BOX 1925
UNITED SOUTHERN BANK
City-State-Zip: EUSTIS FL 32727

Title VC
Name BEYERS, ROGER A
Address 1123 W MAIN ST
City-State-Zip: LEESBURG FL 34748

Title T
Name BLAISE, LINDSEY
Address 1050 LAKE SUMTER LANDING
CITIZENS FIRST BANK
City-State-Zip: THE VILLAGES FL 32162

Title S
Name SPENCER, DIANE B
Address 3098 EASTFIELD PATH
City-State-Zip: THE VILLAGES FL 32163

Title PCEO
Name HENDERSON, DONALD G
Address 600 EAST DIXIE AVENUE
City-State-Zip: LEESBURG FL 34748

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: DONALD G. HENDERSON

PCEO

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date