

2024 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 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 POWERS, MARSHA D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title SECRETARY
Name BRAUN, PHILIP J.
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 ZUCKER, ANITA
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

Continues on page 2

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 BRAUN

RA

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BROADIE II, PAUL PH.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name MOREY, TIMOTHY E. M.D.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

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

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

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

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

Title DIRECTOR
Name HUDSON, LINDA PARKER
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title CFO, TREASURER
Name THORNTON, ROBERT
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name JANTZ, TAYLOR B.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name HUNT, M.D., JENNIFER L.
Address 1451 EL CAMINO REAL
City-State-Zip: THE VILLAGES FL 32159