

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721080

FILED
Jan 06, 2010
Secretary of State

Entity Name: LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

129 S KENTUCKY AVE
SUITE 600
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 23-7134974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, JACK T
1324 LAKELAND HILLS BLVD.
(P. O. BOX 95448)
LAKELAND, FL 33804 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VCD
Name: ROWBOTHAM, ARTHUR
Address: 1324 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: TSD
Name: STEPHENS, JACK T
Address: 1324 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: D
Name: BERRYMAN, HUNT M
Address: 332 EUNICE DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: GRIFFITH, KEVIN
Address: 1324 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: CD
Name: DREYER, DALE E
Address: 1324 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

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: PAUL POWERS

CFO

01/06/2010

Electronic Signature of Signing Officer or Director

Date