2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721080

FILED Jan 09, 2012 Secretary of State

Entity Name: LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

230 S. FLORIDA AVENUE 230 S. FLORIDA AVENUE 5TH FLOOR 4TH FLOOR

LAKELAND, FL 33801 LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

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

FEI Number: 23-7134974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, ELAINE C PH.D. THOMPSON, ELAINE C PH.D. 1324 LAKELÁND HILLS BLVD. 1324 LAKELÁND HILLS BLVD. (P. O. BOX 95448) LAKELAND, FL 33804 LAKELAND, FL 33804 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: 01/09/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title:

Name: THOMPSON, ELAINE C PH.D. Address: 1324 LAKELAND HILLS BLVD City-St-Zip: LAKELAND, FL 33805

Title: VCD

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

Title:

Name: MOORE, STEPHEN A JR 1324 LAKELAND HILLS BLVD. Address:

City-St-Zip: LAKELAND, FL 33805

Title:

DREYER, DALE E Name:

1324 LAKELAND HILLS BLVD. Address: LAKELAND, FL 33805 City-St-Zip:

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: EVAN C. JONES SVP 01/09/2012