

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004125

1. Entity Name

COMMUNITY MEDICAL CARE CENTER OF LEESBURG, INC.

Principal Place of Business

1300 HIGH STREET
LEESBURG FL 34748

Mailing Address

1300 HIGH STREET
LEESBURG FL 34748

2. Principal Place of Business

1210 W. Main St.

3. Mailing Address

1210 W. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

U.S.A.

Zip

34748

Country

U.S.A.

6. Name and Address of Current Registered Agent

MCCORMICK, DAN
220 N. 13TH STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name Same as listed

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Dan McCormick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VESSER, HOWARD MD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE VPD
NAME NELSON, CELIA MD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE D
NAME ELMER, J-W MD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE D
NAME WOOTEN, RICHARD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE D
NAME PELLEGRINO, FRANK MD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE D
NAME HARDY, JAMES MD ☐ Delete
STREET ADDRESS 1300 HIGH STREET
CITY-ST-ZIP LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME VESSER, HOWARD MD
STREET ADDRESS 5746 CRESTVIEW DR.
CITY-ST-ZIP LAKE WALKER, FL 32159

TITLE VPD ☒ Change ☐ Addition
NAME NELSON, CELIA MD
STREET ADDRESS 1210 W. MAIN ST.
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Change ☐ Addition
NAME ELMER, J-W MD
STREET ADDRESS 6419 TILDON CT.
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Change ☐ Addition
NAME WOOTEN, RICHARD
STREET ADDRESS 2450 PARK HOLLAND RD.
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Change ☐ Addition
NAME PELLEGRINO, FRANK
STREET ADDRESS 1644 S NORMANDY WAY
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Change ☐ Addition
NAME HARDY, JAMES MD
STREET ADDRESS 1210 W. MAIN ST.
CITY-ST-ZIP LEESBURG, FL 34748

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dan McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90150 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)