

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90062 033 ****61.25

DOCUMENT # N99000004125

1. Entity Name

COMMUNITY MEDICAL CARE CENTER OF LEESBURG, INC.

Principal Place of Business

Mailing Address

**1210 W MAIN ST
 LEESBURG FL 34748**

**1210 W MAIN ST
 LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME VESSER, HOWARD MD
 STREET ADDRESS 5746 CRESTVIEW DR
 CITY-ST-ZIP LADY LAKE FL 32159

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/11/02

352-314-8686

CR2E037 (9/01)