

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90479 020 ****61.25

DOCUMENT # N99000004125

1. Entity Name

COMMUNITY MEDICAL CARE CENTER OF LEESBURG, INC.



Principal Place of Business

**1210 W MAIN ST
LEESBURG FL 34748**

Mailing Address

**1210 W MAIN ST
LEESBURG FL 34748**

94065981



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

Name

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

City

FL

Zip Code

**AYRIS, ART A
220 N. 13TH ST
LEESBURG FL 34748**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME *Debbie Pate*
STREET ADDRESS *30733 Williams Street*
CITY-ST-ZIP *Leesburg, FL 34748*

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

4/26/04

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