

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07122006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 59-3585112	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AYRIS, ART A 220 N. 13TH ST LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESSER, HOWARD MD 5748 CRESTVIEW DR LADY LAKE, FL 32159		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000573760 08/07/06-80010-009 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREMER, LOUIS 600 E DIXIE AVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROLON, ODETTE MD 619 W DIXIE AVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELMER, JW MD 6419 TILDON COURT LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, DEBBIE 30733 WILLIAMS STREET LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDY, JAMES MD 1210 W MAIN ST LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			7/28/06 352-787-1005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		