

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 032 ****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**

40127969



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
220 N. 13th St

Suite, Apt. #, etc.

07112007 Chg-NP CR2E037 (12/06)

City & State
Leesburg, FL

City & State
Leesburg, FL

Zip
34748

Country
US

4. FEI Number
59-3585112

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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
JENNIFER THOMAS

Street Address (P.O. Box Number is Not Acceptable)
220 N. 13th St.

City
LEESBURG

FL Zip Code
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

Jennifer Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/07

**Filing Fee is \$61.25
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VESSER, HOWARD MD 5746 CRESTVIEW DR LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREMER, LOUIS 600 E DIXIE AVE LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN BROWN, ODETTE MD 619 W DIXIE AVE LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELMER, JW MD 6419 TILDON COURT LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, DEBBIE 30733 WILLIAMS STREET LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDY, JAMES MD 1210 W MAIN ST LEESBURG, FL 34748	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESSER, HOWARD MD 5746 CRESTVIEW DR. LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ODETTE MD 619 W. DIXIE AVE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLOSE, PEGGY 1114 OAK DR. LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/07 (352) 787-8489