

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004125

FILED
Oct 20, 2009
Secretary of State**Entity Name:** COMMUNITY MEDICAL CARE CENTER OF LEESBURG, INC.**Current Principal Place of Business:**1210 W MAIN ST
LEESBURG, FL 34748**New Principal Place of Business:****Current Mailing Address:**220 N. 13TH ST
LEESBURG, FL 34748**New Mailing Address:**115 N. 13TH ST
LEESBURG, FL 34748**FEI Number:** 59-3585112**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AYRIS, ART A EX. DIR
220 N. 13TH ST
LEESBURG, FL 34748 US**Name and Address of New Registered Agent:**

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: ART A. AYRIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VESSER, HOWARD MD
Address: 5746 CRESTVIEW DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: SMITH, JONI
Address: 600 E DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: BROWN, ODETTE MD
Address: 619 W DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: ELMER, JW MD
Address: 6419 TILDON COURT
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: CLOSE, PEGGY
Address: 1114 OAK DR
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: HARDY, JAMES MD
Address: 1210 W MAIN ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VESSER, HOWARD MD
Address: 1210 W. MAIN ST.
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ELMER, JW MD
Address: 1210 W. MAIN ST.
City-St-Zip: LEESBURG, FL 34748

Title: VP (X) Change () Addition
Name: CLOSE, PEGGY
Address: 1210 W. MAIN ST.
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Change () Addition
Name: SHERIDAN, JEFFREY MD
Address: 1210 W MAIN ST
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODETTE, BROWN, M.D.

PD

10/20/2009

Electronic Signature of Signing Officer or Director

Date