2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N99000004125

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:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: BOSSHARDT, RICHARD MD
Address: 1210 W. MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: T
Name: BRIDGES, JR, CLIFTON MD
Address: 1210 W. MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: S
Name: SHERIDAN, JEFFREY MD
Address: 1210 W. MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: P
Name: VESSER, HOWARD MD
Address: 1210 W. MAIN ST
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: ART A. AYRIS CEO 04/29/2011
Electronic Signature of Signing Officer or Director Date