

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90387 034 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MCCORMICK, DAN  
220 N. 13TH STREET  
LEESBURG FL 34748**

Name  
**Art A Ayris**

Street Address (P.O. Box Number is Not Acceptable)  
**220 North 13th Street**

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Nelson, Celia, M.D.  
1210 W. Main St.  
Leesburg, FL 34748** ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasure  
Nooten, Richard  
2450 Park Holland Rd.  
Leesburg, FL 34748** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Pellegrino, Frank M.D.  
1644 S. Normandy Way  
Leesburg, FL 34748** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Hardy, James, M.D.  
1210 W. Main St.  
Leesburg, FL** ☒ Change ☐ Addition

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 REQUIRED**

**1-24-03 352-797-1005**

CR2E037 (10/02)