2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N99000006389

Entity Name: THE VILLAGES REGIONAL HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1100 MAIN STREET
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1100 MAIN STREET
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3606336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNSED, R. DEWEY
1100 MAIN STREET
THE VILLAGES, FL 32159

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: PD ( ) Delete
Name: MATHEWS, TRACY
Address: 1100 MAIN STREET
City-St-Zip: THE VILLAGES, FL 32159

Title: VPD ( ) Delete
Name: MORSE, H. GARY
Address: 1100 MAIN STREET
City-St-Zip: THE VILLAGES, FL 32159

Title: SD ( ) Delete
Name: MORSE, MARK G
Address: 1100 MAIN STREET
City-St-Zip: THE VILLAGES, FL 32159

Title: TD ( ) Delete
Name: PARR, JENNIFER
Address: 1100 MAIN STREET
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACY MATHEWS P 04/28/2004

Electronic Signature of Signing Officer or Director — Date