

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721080

**Entity Name:** LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**4755865236CC**

**Current Principal Place of Business:**

1324 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

**Current Mailing Address:**

1324 LAKELAND HILLS BLVD.  
LAKELAND, FL 33804 US

**FEI Number: 23-7134974**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOPPE, JONN D  
1324 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

*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

**Officer/Director Detail :**

Title CD  
Name SORENSON, BOB  
Address 1324 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

Title CD  
Name MILLER, JAIMI  
Address 1324 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

Title PRESIDENT  
Name DRUMMOND, DANIELLE  
Address 1324 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

Title SECRETARY  
Name GREEN, LANCE  
Address 1324 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

*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: LANCE GREEN**

**SECRETARY**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date