

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721080

Entity Name: LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

1324 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

Current Mailing Address:

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND, FL 33804

FEI Number: 23-7134974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPAKE, MICHAEL A.
1324 LAKELAND HILLS BLVD.
LAKELAND, FL 33804 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: MICHAEL A. SPAKE

01/11/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name BERRYMAN, M. HUNT
Address 1324 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

Title VCD
Name POU, WILLIAM K. JR.
Address 1324 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name ROWBOTHAM, ART
Address 1324 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name MULANEY, JAY MD
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: M. HUNT BERRYMAN

CD

01/11/2013

Electronic Signature of Signing Officer/Director Detail

Date