

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004125

Entity Name: COMMUNITY MEDICAL CARE CENTER OF LEESBURG, INC.**Current Principal Place of Business:**1210 W MAIN ST
LEESBURG, FL 34748**Current Mailing Address:**1210 WEST MAIN STREET
LEESBURG, FL 34748 US**FEI Number:** 59-3585112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUM, PHYLLIS MD
1210 W. MAIN ST
LEESBURG, FL 34748 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:** PHYLLIS BAUM

02/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAUM , PHYLLIS
Address 1210 W. MAIN ST
City-State-Zip: LEESBURG FL 34748

Title TREASURER
Name JANIAK, SUSAN
Address 1210 W MAIN ST
City-State-Zip: LEESBURG FL 34748

Title VP
Name MCRAE, TIM
Address 1210 W MAIN ST
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name BINNEVELD , WILLIAM MR.
Address 1210 W MAIN ST
City-State-Zip: LEESBURG FL 34748

Title BOARD MEMBER
Name EAVES , ELIZABETH
Address 1210 W MAIN ST
City-State-Zip: LEESBURG FL 34748

Title BOARD MEMBER
Name STOLTZFUS, WILLIAM F
Address 1210 WEST MAIN STREET
City-State-Zip: LEESBURG FL 34748

Title BOARD MEMBER
Name WILLIAMS , OREA
Address 1210 WEST MAIN STREET
City-State-Zip: LEESBURG FL 34748

Title BOARD MEMBER
Name MILLER , JANET
Address 1210 WEST MAIN STREET
City-State-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: PHYLLIS BAUM**PRESIDENT**

02/25/2025

Electronic Signature of Signing Officer/Director Detail

Date