

**2015 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:**

VESSER, HOWARD 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name CHIARELLO, ASHLEY  
Address 1210 W. MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title P  
Name VESSER, HOWARD MD  
Address 1210 W. MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name GREENLEE-BOSSHARDT, SALLY  
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:** H. HOWARD VESSER, M.D.

**PRESIDENT**

**02/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date