

2016 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 | DIRECTOR |
| Name | WILLIAMS, TED |
| 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 |

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | HAMILL, KENT |
| Address | 1210 W MAIN ST |
| 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: HOWARD VESSER**PRESIDENT****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date