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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24602 (7)

1. Corporation Name
LRMC HOME HEALTH SERVICES, INC.

Principal Place of Business 600 E. DIXIE AVENUE LEESBURG FL 34748	Mailing Address 600 E. DIXIE AVENUE LEESBURG FL 34748
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/01/1988
4. FEI Number 59-2755276
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBUCK, H D, JR, ESQ
610 E MAIN STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	SD
NAME	MEADE, ROBERT T. M	1.2 NAME	Elswick, P. Shannon
STREET ADDRESS	801 E DIXIE AVE., SUITE A-107	1.3 STREET ADDRESS	1097 E. Jacks Rd
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE	CD	2.1 TITLE	TD
NAME	BOLIEK, R. RICHARD	2.2 NAME	Hardy, James M.
STREET ADDRESS	01403 SPRING LAKE ROAD	2.3 STREET ADDRESS	601 E. Dixie Avenue, Suite 901
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	STD	3.1 TITLE	D
NAME	MCCONNELL, R. PATTON	3.2 NAME	Bowersox, William P.
STREET ADDRESS	8840 WOODY COURT	3.3 STREET ADDRESS	505 W. Gibson St.
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D	4.1 TITLE	D
NAME	GLICK, MICHAEL A. M	4.2 NAME	Gibson, Hugh H. III
STREET ADDRESS	6842 NE 134TH AVE., SUITE 2	4.3 STREET ADDRESS	313 Del Mar Drive
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	D	5.1 TITLE	D
NAME	HARDY, JAMES M. M	5.2 NAME	Gilley, Raymond
STREET ADDRESS	901 E DIXIE AVE., SUITE 901	5.3 STREET ADDRESS	40 South Dawey
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	D	6.1 TITLE	D
NAME	LEW, DAVIS C. M	6.2 NAME	Goldstein, Paul A.
STREET ADDRESS	101 S 11TH ST., SUITE 1	6.3 STREET ADDRESS	ORHS, 165 W. Sturtevant St., 3rd Fl., Ste C
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	Orlando, FL 34806

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **R. P. MCCONNELL** 3-31-98

CR2E037 (10/97)

**LRMC HOME HEALTH SERVICES, INC.
ADDITIONAL LIST OF OFFICERS AND DIRECTORS
1998 Corporate Annual Report**

HARRELL, ROBERT M. D
9139 Ridge Pine Trail
Orlando, FL 32819

HILLENMEYER, JOHN W. D
Orlando Regional Healthcare System
65 W. Sturtevant Street
3rd Floor, Suite A
Orlando, FL 32806

JACOBSON, M.D., HAL M. D
301 S. Lake Street
Leesburg, FL 34748

MILES, ROBERT A. D
Orlando Regional Healthcare System
65 W. Sturtevant Street
3rd Floor, Suite C
Orlando, FL 32806

O'KELLEY, JR. , M. BENSON D
33741 Overton Drive
Leesburg, FL 34788

OSTRANDER, JR., TED R. D
1644 Loves Point Drive
Leesburg, FL 34749-0690

PINELL, M.D., MICHAEL C. D
Orlando Regional Healthcare System
65 W. Sturtevant Street
3rd Floor, Suite B
Orlando, FL 32806

SULLIVAN, TIMOTHY I. D
1080 Flagler Avenue
Leesburg, FL 34748