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Apr 23, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24602

1. Corporation Name

LPMC HOME HEALTH SERVICES, INC.

Principal Place of Business

600 E. DIXIE AVENUE
LEESBURG FL 34748

Mailing Address

600 E. DIXIE AVENUE
LEESBURG FL 34748



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/01/1988

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2755276

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MEADE, ROBERT T. M**
CITY-ST-ZIP **801 E DIXIE AVE., SUITE A-107**
LEESBURG FL

1.1 TITLE ☒ Change ☐ Addition
CD
1.2 NAME Robert T. Meade, M.D.
1.3 STREET ADDRESS 801 E. Dixie Avenue, Suite A-107
1.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **BOLIEK, R. RICHARD**
CITY-ST-ZIP **01403 SPRING LAKE ROAD**
FRUITLAND PARK FL

2.1 TITLE ☒ Change ☐ Addition
VD
2.2 NAME R. Richard Boliek
2.3 STREET ADDRESS 01403 Spring Lake Rd.
2.4 CITY-ST-ZIP Fruitland Park, FL 34731

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ELSWICK, P. SHANNON**
CITY-ST-ZIP **1097 E JACKS RD**
CLERMONT FL 34711

3.1 TITLE ☐ Change ☒ Addition
D
3.2 NAME William J. Binneveld
3.3 STREET ADDRESS 122 E. Main Street
3.4 CITY-ST-ZIP Tavares, FL 32778

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BOWERSOX, WILLIAM P.**
CITY-ST-ZIP **505 W GIBSON ST**
LEESBURG FL 34748

4.1 TITLE ☐ Change ☒ Addition
D
4.2 NAME David W. Burnsed, M. D.
4.3 STREET ADDRESS 601 E. Dixie Avenue, Plaza 1001
4.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HARDY, JAMES M.**
CITY-ST-ZIP **601 E DIXIE AVE STE 901**
LEESBURG FL 34748

5.1 TITLE ☐ Change ☒ Addition
D
5.2 NAME Janice R. Krueger
5.3 STREET ADDRESS 707 W. Coach & Four Dr.
5.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GIBSON, III H**
CITY-ST-ZIP **313 DEL MAR DR**
LADY LAKE FL 32159

6.1 TITLE ☐ Change ☒ Addition
D
6.2 NAME Timothy I. Sullivan
6.3 STREET ADDRESS 1009 N. 14th Street
6.4 CITY-ST-ZIP Leesburg, FL 34748

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, with all other like empowered.

SIGNATURE: *[Signature]* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99

352-323-5002

CR2E037-(11/98)

0073591

N24602

401172-90136-33

LRMC HOME HEALTH SERVICES, INC.
BOARD OF DIRECTORS
1999
ADDITIONAL DIRECTORS

PAUL A. GOLDSTEIN
Orlando Regional Healthcare System
65 W. Sturtevant Street
3rd Floor, Suite C
Orlando, FL 32806

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

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

RAYMOND GILLEY
Florida Power Corporation
40 South Dewey
Eustis, FL 32726

ABE LOPMAN
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, FL 32806

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

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

R. PATTON McCONNELL
Asst. Secretary / Treasurer
600 East Dixie Avenue
Leesburg, FL 34748