2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90842 001 ***140.00

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DOCUMENT # N24602

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

02082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2755276 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAUTHEN, WILLIAM H ESQ.
215 NORTH JOANNA AVENUE
TAVARES, FL 32778

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	☐ Delete
NAME	BINNEVELD, WILLIAM J	
STREET ADDRESS	2122 PARK HOLLAND ROAD	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VC	☐ Delete
NAME	HARDY, JAMES M M.D.	
STREET ADDRESS	601 E. DIXIE AVENUE, PLAZA 901	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	S	☐ Delete
NAME	BELIVEAU, GREGORY A	
STREET ADDRESS	2001 OLD U.S. HIGHWAY 441, SUITE 1	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	T	☒ Delete
NAME	BRAUN, DOUGLAS W	
STREET ADDRESS	P.O. BOX 491366	
CITY-ST-ZIP	LEESBURG, FL 347491366	
TITLE	T	☐ Delete
NAME	BRANDEBURG, JOHN D	
STREET ADDRESS	05330 MAGNOLIA RIDGE ROAD	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	PCEO	☐ Delete
NAME	WOOTEN, RICHARD L	
STREET ADDRESS	600 EAST DIXIE AVENUE	
CITY-ST-ZIP	LEESBURG, FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. WOOTEN PRESIDENT & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date 2/15/05 — Daytime Phone # 352-822-5000