2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 06, 2004 8:00 am Secretary of State

Principal Place of Business 600 E. DIXE AVENUE LESSURG, FL 34748 2. Principal Place of Business Suite, Apt. #, etc. Saite, Apt. #, etc. O1202004 Chg.NP CR2E037 (10/03) Chy & Saste Sast F Additional Fee Required 8. Name and Address of New Registered Agent Name Chy & Saste Chy & FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the changing its registered agent		DOCUMENT # N24602 1. Entity Name LRMC HOME HEALTH SERVICES, INC.							02-06-2004 90030 026 ***807					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For S9-2755276 Not Applicable For Not Applicable For S9-2755276 Not Applicable For Not Applicable For S9-2755276 Not Applicable For Not Applicable For S9-2755276 Size of Additional Fee Required		600 E. DIXIE	AVENUE 600		00 Ē. DIXIE AVENUE		<u> </u>							
City & State Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Certificate of Status Desired \$8.75 Additional Fee Required ROBUCK, H D, JR, ESQ 610 E MAIN STREET LEESBURG, FL 34748 City Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. 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 Filling Fee is \$61.25 Due by May 1, 2004 Due by May 1, 2004 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIGNATURE OFFICERS AND DIRECTORS IN 10 OF		2. Principal P	ace of Business	3. Mailing Address										
Zip Country Zip Country 59-2755276 Not Applicable S8.75 Additional Fee Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.				01202004 Chg-I	NP	CR2E037 (10	/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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. 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. The state of Florida is a state of Florida. I am familiar with, and accept the obligations of registered agent. 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. 9. Election Campaign Financing	City & State				City & State				E0 0755070					
ROBUCK, H D, JR, ESQ 610 E MAIN STREET LEESBURG, FL 34748 City FL Zip Code	Ì	Zip Country			p	Cou	untry							
ROBUCK, H D, JR, ESQ 610 E MAIN STREET LEESBURG, FL 34748 City FL Zip Code	J		6. Name and Address of Current	Register	ed Agent				7. Name and Address	of New Re	stered Agent			
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 tallo if applicable. (NOTE: Registered Agent signature required when rendature) DATE Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIREET ADDRESS 600 E. DIXIE AVE. LEESBURG, FL 34748 TITLE NAME SIREET ADDRESS 017Y-ST-ZP TITLE SD CHANGE Addition TITLE Delete TITLE SD CHANGE ADDRESS O17Y-ST-ZP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete CHANGE ADDRESS O17Y-ST-ZP CHA	BOBLICK HD IR ESO						Name				·	· ·		
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 Signature, typeed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIREET ADDRESS CITY-ST-2P LEESBURG, FL 34748 TITLE Delete TITLE SD SIREET ADDRESS CITY-ST-2P LEESBURG, FL 34748 TITLE SD CITY-ST-2P LEESBURG, FL 34748 TITLE SD CITY-ST-2P Delete TITLE Delet	610 E MAIN STREET						Street Address (P.O. Box Number is Not Acceptable)							
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and bille if applicable. (NOTE: Registered Agent signature required when reinstainty) DATE Pilling Fee is \$81.25 Due by May 1, 2004 Trust Fund Contribution. STREET ADDRESS CITY-ST-ZP LEESBURG, FL 34748 TITLE DAMME SIREET ADDRESS CITY-ST-ZP LEESBURG, FL 34748 TITLE NAME SIREET ADDRESS CITY-ST-ZP LEESBURG, FL 34748 TITLE SD ELESBURG, FL 34748 TITLE SD CLERMONT, FL 34711 TITLE Delete TITLE SD CLERMONT, FL 34711 TITLE Delete TITLE TITLE Delete TITLE TIT	LEESBURG, FL 34748						}							
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Pilling Fee is \$81.25 Due by May 1, 2004 Trust Fund Contribution. DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SULLIVAN, TIMOTHY SIREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE D SIREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE SD ELESBURG, FL 34748 TITLE SD CLERMONT, FL 34711 TITLE D Delete TITLE D Delete TITLE SD CLERMONT, FL 34711 TITLE D Delete Delete Delete TITLE D Delete Delete Delete Delete TITLE D Delete								City.						
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	Į								FL Zip Code					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE	8. The above named entity submits this statement for the purpose of changing its registered office or regis								ed agent, or both, in the	State of Flori	da. I am familia	with,	and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Į	the obligati	ligations of registered agent.											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ļ	SIGNATURE	SIGNATI IRE											
Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Fill DC NAME SULLIVAN, TIMOTHY STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 Delete TITLE SD NAME STREET ADDRESS CITY-ST-ZIP TITLE SD NAME ELSWICK, P. SHANNON STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 Delete TITLE D Delete D Delete TITLE D Delete D D Delete D D Delete D D D D D D D D D D D D D	ļ	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					3 Agent signature required when reinstating) DATE							
10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE NAME SULLIVAN, TIMOTHY SIREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME BENEVERD, WILLIAM SIREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE SD NAME ELSWICK, P. SHANNON SIREET ADDRESS CITY-ST-ZIP TITLE SD NAME SUBJECT ADDRESS CITY-ST-ZIP TITLE SD NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete		5	, 3						\$5.00 May Be					
FIFE NAME SULLIVAN, TIMOTHY STREET ADDRESS CITY-ST-ZIP TITLE D SENEVERD, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE D SENEVERD, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition	1	10						ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10						
NAME STREET ADDRESS CITY-ST-ZIP TITLE D BENEVERD, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD TITLE SD NAME STREET ADDRESS CITY-ST-ZIP TITLE SP CLERMONT, FL 34711 TITLE D Delete TITLE D Change Addition	Ì		·	112010110				<u>T</u>	ADDITIONAL OF THE PARTY OF THE	O OI FIOLER				
CITY-ST-ZIP TITLE D SENEVERD, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE SD SCHESBURG, FL 34748 Delete TITLE SD NAME ELSWICK, P. SHANNON STREET ADDRESS CITY-ST-ZIP TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Change Addition Change Addition Change Addition Change Addition Change Addition	ĺ		SULLIVAN, TIMOTHY	7	1E				_	•	_			
TITLE D SENEVERD, WILLIAM STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE SD CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete TITLE D Delete TITLE 1, S. D. Delete TITLE 1, S. D. Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D Delete TITLE 1, S. D. Delete Delete TITLE 1, S. D. Delete Delete Delete TITLE 1, S. D. Delete Dele	١					/								
NAME STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE SD NAME ELSWICK, P. SHANNON STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Delete TITLE D Delete TITLE Change Addition CITY-ST-ZIP CLERMONT, FL 34711 Delete TITLE D Delete TITLE 1	ļ				/			<u> </u>						
STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE SD NAME ELSWICK, P. SHANNON STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE D STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE D SPE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D SPE CHANGE CITY-ST-ZIP Change Addition	1			/	Qelete		-				☐ CI	iange	☐ Addition	
CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE SD	Į		, , , , , , , , , , , , , , , , , , ,					}						
NAME STREET ADDRESS CITY-ST-ZIP TITLE D			, , , , , , , , , , , , , , , , , , ,			_ ·								
TITLE D Change Addition	ł	TITLE	SD	/	Delete	TITL		-	500			nange	Addition	
TITLE D Change Addition	١		·	/	<u>-</u>		-	\ \	ノビビ	١	_	-		
TITLE D Change Addition			,					(atta chu	1.				
TITLE D Change Addition NAME BINNEVELD, WILLIAM DELETE NAME LUST CHANGE Addition						-1		<u> </u>	- 1,	<u> </u>	·			
		TITLE NAME	D BINNEVELD, WILLIAM J		Delete			1	ust-		□ CI	iange	☐ Addition	

313 DEL MAR DR STREET ADDRESS STREET ADDRESS LADY LAKE, FL 32159 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 10 or Block 11 if changed, or on an attachme all other like empowered.

TITLE

NAME

TITLE

NAME

Delete

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP TITLE

122 E MAIN ST

GIBSON, IN H

TAVARES, FL 3277

HARDY, JAMES M.

601 E DIXIE AYE STE 901

LEESBURG, FL 34748

INTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

☐ Change

☐ Addition

☐ Addition

Allechment

LRMC HOME HEALTH SERVICES, INC. BOARD OF DIRECTORS 2004

#N24602

WILLIAM J. BINNEVELD CHAIRMAN 2122 Park Holland Road Leesburg, FL 34748

JAMES M. HARDY, M.D. VICE CHAIRMAN 601 E. Dixie Avenue, Plaza 901 Leesburg, FL 34748

GREGORY A. BELIVEAU
SECRETARY
The Land Planning Group
2001 Old U.S. Highway 441, Suite 1
Mount Dora, FL 32757

DOUGLAS W. BRAUN TREASURER P. O. Box 491366 Leesburg, FL 34749-1366

JOHN D. BRANDEBURG 05330 Magnolia Ridge Road Fruitland Park, FL 34731

REPRESENTATIVE HUGH H. GIBSON, III
313 Del Mar Drive
Lady Lake, FL 32159

DAVID W. BURNSED, M.D. 601 E. Dixie Avenue, Plaza 1001 Leesburg, FL 34748

STEPHEN T. KURTZ P. O. Box 490420 Leesburg, FL 34749-0420

Richard L. Wooten President & CEO 600 East Dixie Avenue Leesburg, FL 34748

R. Patton McConnell
Assistant Secretary / Treasurer
600 East Dixie Avenue
Leesburg, FL 34748