

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2004 90030 026 \*\*\*807.50

**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

94011575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

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

7. Name and Address of New Registered Agent

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

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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	DC SULLIVAN, TIMOTHY 600 E. DIXIE AVE. LEESBURG, FL 34748	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVERD, WILLIAM 2122 PARK HOLLAND RD. LEESBURG, FL 34748	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELSWICK, P. SHANNON 1097 E JACKS RD CLERMONT, FL 34711	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNEVELD, WILLIAM J 122 E MAIN ST TAVARES, FL 32778	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, JAMES M. 601 E DIXIE AVE STE 901 LEESBURG, FL 34748	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, M H 313 DEL MAR DR LADY LAKE, FL 32159	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See  
attached  
list

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

**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