

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90258 001 ***183.75

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

1st MOORE

CR2E037 (10/05)

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete
C BINNEVELD, WILLIAM J
STREET ADDRESS 2122 PARK HOLLAND ROAD
CITY-ST-ZIP LEESBURG FL 34748

TITLE NAME ☒ Delete
VC HARDY, JAMES M M.D.
STREET ADDRESS 601 E. DIXIE AVENUE, PLAZA 901
CITY-ST-ZIP LEESBURG FL 34748

TITLE NAME ☐ Delete
S BELIVEAU, GREGORY A
STREET ADDRESS 2001 OLD U.S. HIGHWAY 441, SUITE 1
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE NAME ☐ Delete
T BRANDEBURG, JOHN D
STREET ADDRESS 05330 MAGNOLIA RIDGE ROAD
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE NAME ☒ Delete
PCEO WOOTEN, RICHARD L
STREET ADDRESS 600 EAST DIXIE AVENUE
CITY-ST-ZIP LEESBURG FL 34748

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☒ Change ☐ Addition
VC David L. Sustarsic, MD
STREET ADDRESS 601 East Dixie Ave, Suite 805
CITY-ST-ZIP Leesburg, FL 34748

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

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

TITLE NAME ☒ Change ☐ Addition
PCEO LOUIS H. BREMER, JR.
STREET ADDRESS 600 East Dixie Avenue
CITY-ST-ZIP Leesburg, FL 34748

TITLE NAME ☐ Change ☒ Addition
Assist Secretary
STREET ADDRESS Dale E. Hocking, CPA
CITY-ST-ZIP 600 East Dixie Avenue
Leesburg, FL 34748

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dale E. Hocking

3/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #