

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24602

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** LRMC HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

600 E. DIXIE AVENUE  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

600 E. DIXIE AVENUE  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2755276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAUN, PHILLIP J  
301 W OAK TERRACE DR STE 102  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: SUSTARSIC, DAVID L MD  
Address: 511 MEDICAL PLAZA DRIVE, SUITE 101  
City-St-Zip: LEESBURG, FL 34748

Title: VC ( ) Delete  
Name: WILLIAMS, ROBERT Q  
Address: 380 WEST ALFRED STREET  
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete  
Name: BRANDEBURG, JOHN D  
Address: 38624 ROLLING ACRES ROAD  
City-St-Zip: LADY LAKE, FL 32159

Title: S ( ) Delete  
Name: NELSON, CELIA K MD  
Address: 32721 RADIO ROAD  
City-St-Zip: LEESBURG, FL 34748

Title: PCEO ( ) Delete  
Name: MENTION, TIMOTHY  
Address: 600 EAST DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: AS ( ) Delete  
Name: HOCKING, DALE E CPA  
Address: 600 E DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LEWIS, GREGORY R  
Address: PO BOX 1925  
City-St-Zip: EUSTIS, FL 32727

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCEO (X) Change ( ) Addition  
Name: HUNTLEY, LEE S  
Address: 600 EAST DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE HOCKING

AS

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date