

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90176 008 ****70.00

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**

30043793



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

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

FILE NOW: FEE IS \$61.25

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	CD MEADE, ROBERT T. M 801 E DIXIE AVE., SUITE A-107 LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLIEK, R. RICHARD 01403 SPRING LAKE ROAD FRUITLAND PARK FL 34731	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELSWICK, P. SHANNON 1097 E JACKS RD CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNEVELD, WILLIAM J 122 E MAIN ST TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, JAMES M. 601 E DIXIE AVE STE 901 LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, III H 313 DEL MAR DR LADY LAKE FL 32159	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM BENEVELL 2122 PARK HOLLAND RD LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C TIMOTHY J SULLIVAN 600 E DIXIE AVE LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY UPTON 1451 ESCAMPA AVE VILLAGE, FL 32199	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINIC BRANT 600 E DIXIE LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BRANDENBURG 5330 MAGNOLIA RIDGE RD FRUITLAND PARK, FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN T. KURTZ 600 E DIXIE LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

2-19-03 352-728-3602

CR2E037 (10/02)

Attachment

80048793
#ND4602

LEESBURG REGIONAL MEDICAL CENTER, INC.
BOARD OF DIRECTORS
2003

P. SHANNON ELSWICK, SECRETARY
Orlando Regional Healthcare
65 W. Sturtevant Street
3rd Floor, Suite D
Orlando, FL 32806

PAUL A. GOLDSTEIN
Orlando Regional Healthcare
65 W. Sturtevant Street
3rd Floor, Suite C
Orlando, FL 32806

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

JOHN W. HILLENMEYER
Orlando Regional Healthcare
65 W. Sturtevant Street
3rd Floor, Suite A
Orlando, FL 32806

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

KARL W. HODGES
Orlando Regional Healthcare
65 W. Sturtevant Street
3rd Floor, Suite B
Orlando, FL 32806

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

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

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

ABE LOPMAN
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, FL 32806

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

SHERRIE SITARIK
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, FL 32806

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

TIMOTHY I. SULLIVAN
P. O. Box 490245
Leesburg, FL 34749-0245

GEORGE E. DELONG, JR.
Orlando Regional Healthcare
Administration - Thorsen Building
1414 Kuhl Avenue
Orlando, FL 32806

TERRY R. UPTON
The Villages Regional Medical Center
1451 El Camino Real
The Villages, FL 32159

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

2003 OFFICERS TO BE ELECTED AT LRMC ORGANIZATIONAL MEETING ON
MARCH 4, 2003