

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90078 029 ****70.00

DOCUMENT # N50053

1. Corporation Name

LRMC DURABLE MEDICAL EQUIPMENT CORPORATION

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

59-2710260

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WOOTEN, RICHARD L
STREET ADDRESS 600 E DIXIE AVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE CD ☒ DELETE

NAME BOLIEK, RICHARD R.
STREET ADDRESS 01403 SPRING LAKE ROAD
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE DST ☐ DELETE

NAME MCCONNELL, PATTON R.
STREET ADDRESS 600 E DIXIE AVENUE
CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition

1.2 NAME Robert T. Meade, M. D.
1.3 STREET ADDRESS 801 E. Dixie Avenue, Suite A-107
1.4 CITY-ST-ZIP Leesburg, FL 34748

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99

352-223-5002

CR2E037-(11/98)

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**LRMC DURABLE MEDICAL EQUIPMENT COMPANY
BOARD OF DIRECTORS**

1999

Dr. Robert T. Meade, Chairman
801 E. Dixie Avenue
Suite A-107
Leesburg, FL 34748

Mr. Richard L. Wooten, President/CEO
600 E. Dixie Avenue
Leesburg, FL 34748

Mr. R. Patton McConnell, Secretary/Treasurer
600 E. Dixie Avenue
Leesburg, FL 34748