

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50053

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-2710260

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE CD
NAME MEADE, ROBERT T M.D.
STREET ADDRESS 801 E. DIXIE AVENUE, SUITE A-107
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

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

TITLE D
NAME ELSWICK, P S
STREET ADDRESS 847 EIGHT ST
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Patton McConnell* PATTON, MCCONNELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

352-323-5000

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90053 017 ****70.00



DO NOT WRITE IN THIS SPACE