

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093751

**Entity Name:** HOME MED MANAGEMENT, LLC

**Current Principal Place of Business:**

4700 L.B. MCLEOD ROAD  
SUITE 5  
ORLANDO, FL 32811

**Current Mailing Address:**

4700 L.B. MCLEOD ROAD  
SUITE 5  
ORLANDO, FL 32811 US

**FEI Number:** 26-1132243

**Certificate of Status Desired:** No

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

RANDAZZO, FARO  
4700 L.B. MCLEOD ROAD  
SUITE 5  
ORLANDO, FL 32811 US

*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:** FARO RANDAZZO

02/26/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RANDAZZO, FARO  
Address 4700 L.B. MCLEOD ROAD SUITE 5  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name RANDAZZO, DONNAMARIE  
Address 4700 L.B. MCLEOD ROAD SUITE 5  
City-State-Zip: ORLANDO FL 32811

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNAMARIE RANDAZZO

VP

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date