

P-1557 App# 23855

Application Summary

1/15/26 9:05 AM

WTRO / FTSD

Page 1 of 5

Application Detail

License Type: Home Medical Equipment: Licensed
Application: Home Medical Equipment: Initial Application
Application Date: 01/15/2026 (mm/dd/yyyy)

Organization Detail

Organization Name: SunMed Medical Systems LLC
Organization Type: Limited Liability Corporation

Addresses

Main Address

Address: 36 W Route 70
Suite 214
BURLINGTON
Marlton, NJ
08053
US
Phone Number: 800-714-7434
Extension: 1066 (NS)
E-mail Address: barbara.digennaro@sunmedmedical.com

Administrative

Name: SunMed Medical Systems LLC
Address: 36 W Route 70
Suite 214
BURLINGTON
Marlton, NJ
08053
US
Phone Number: 800-714-7434 Ext#1066

Extension:

E-mail Address:

barbara.digennaro@sunmedmedical.com

Emergency Contact

Name:

SunMed Medical Systems LLC

Address:

36 W Route 70

Suite 214

BURLINGTON

Marlton, NJ

08053

US

Phone Number:

800-714-7434 #1066 (NS)

Extension:

E-mail Address:

barbara.digennaro@sunmedmedical.com

Ownership of Building

Name:

Marlton Green Development

Address:

233 Ridge Road

BURLINGTON

Southampton, NJ

08088

US

Phone Number:

609-743-7537

Extension:

E-mail Address:

barbara.digennaro@sunmedmedical.com

Legal Entity

Name:

SunMed Medical Systems LLC

Address:

36 W Route 70

Suite 214

BURLINGTON

Marlton, NJ

08053

US

Phone Number:

800-714-7434 Ext #1066

Extension:

E-mail Address:

barbara.digennaro@sunmedmedical.com

License Attributes Selected

Qualification/Certification

All Counties

Additional License Information

For Profit

~~IN~~ OUT OF STATE New Jersey (NS)

Basic License Data

If your facility has branch offices provide the number. If none, enter 00

00

Provide Administrator's Name:

Corey Crumley

Provide the Ownership's Name:

~~William Lobosco~~

SunMed Medical Systems, LLC (NS)

Ownership Name Continued:

~~Jane Rinn~~

Is your facility accredited by a federally approved accrediting body?

Yes

If answered yes accredited, must provide expiration date of accreditation.

11/16/2027 (mm/dd/yyyy)

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing?

Free Standing

Provide a Yes or No, if your facility is Chain Affiliated:

No

Provide a Yes or No, if your facility has a Holding Company:

No

Do you have Other Licensed Facilities in the state of Tennessee and/or other states?

No

Provide a Yes or No, if your facility has a parent company:

No

Do you have a contract with a management firm to operate this facility?

No

Do you have a contract with a management firm to operate this facility?

Have any owners ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monitory penalties for a health care facility in Tennessee or in any other state? **No**

Does your facility have a physical location in Tennessee?: **No**

Administrator Conviction Information

Administrator convicted of crime?: **No**

Individual Owners, Partners, Director or Head of Government Entity

The name of the individual owner, partner, director of the corporation or head of the government: **William Lobosco**

Street: **36 W Route 70 Suite 214**

City: **Marlton**

State: **New Jersey**

Zip: **08053**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of owners of the disclosing entity had a suspension of admissions?: **No**

Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other state?: **No**

File Attachments

HQAA Accreditation Award 2024 SM.pdf

Fees

Initial License Fee **\$1404.00**

Total Amount Due: **\$1404.00**

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Medical Equipment facility in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Medical Equipment facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

March 9, 2026

Sent Via Email

Corey Crumley
SunMed Medical Systems LLC
36 W Route 70, Suite 214
Marlton, New Jersey 08053

Facility Type: Home Medical Equipment

Dear Corey Crumley:

It is my pleasure to inform you that your application for licensure of SunMed Medical Systems LLC located at 36 W Route 70, Marlton, New Jersey 08053 has been initially approved for Out of State Home Medical Equipment provider serving all counties in Tennessee effective March 9, 2026 . The license number shall be 1557 . For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for April 22, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Tennessee Regional Office phone number is 731-984-9684 .

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): #1557 County: Out of State HME Provider

Initial Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: Sunmed Medical Systems, LLC

Address: 214W1 Route 70 City: Marlton, NJ ZIP Code: 08053

Application and fee on file in Central Office (CO)?: Yes No _____ CON #: _____

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Out of State Home Medical Equipment Provider serving all counties in Tennessee

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Celia Skelley RN PHNCI *MS* Date: 2/19/2026

Fire Safety: _____ Date: _____

CD Approved: Yes _____ No _____ N/A Health Survey Required: Yes No _____

Facility's Letter of Notification received in Licensure: Yes _____ No
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No NA
(NOTE: With exception of Initial Licensure Approvals)

Effective date: March 9, 2026 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

KC/Rhonda H Rogers 2/20/2026
Regional Administrator/Facilities Construction Director or Designee Date

Niraj Soni 3/9/2026
Licensure Program Unit Staff Date

Administrator is William Lobosco: Bill.lobosco@sunmedmedical.com
Send a copy to Barbata DiGennaro: Barbara.digennaro@sunmedmedical.com

Award of Accreditation

For DMEPOS Products & Services
Awarded to

Sunmed Medical Systems, LLC

Marlton, NJ

HQAA ID # UH2AYR1PX

On this day of

November 16, 2024

*For the dedicated commitment of demonstrating
high standards of quality in business and patient care.*

HQAA

HEALTHCARE QUALITY ASSOCIATION
ON ACCREDITATION



Executive Director



This accreditation award is in effect for three years from the above date.