

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120396 AV

10/2

DOCUMENT # **423435**
1. Entity Name
ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.



FILED

03 JAN 17 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2600 TECHNOLOGY DRIVE, STE. 300
ORLANDO FL 32804**

Mailing Address
**P.O. BOX 53-6576
ORLANDO FL 32853-6576
US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1450889** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEHAN, STEPHEN D 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIOMEK, JANET L 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, REBECCA L 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Philip L. Carter 2600 Technology Dr., 300 Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 607, 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: _____ **REQUIRED** 1/15/03 407.822.4600 x4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2cel 2



ACCOUNT NO. : 072100000032

REFERENCE : 897812 7355325

AUTHORIZATION : Patricia Figue

COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003

ORDER TIME : 11:59 PM

ORDER NO. : 897812-230

CUSTOMER NO: 7355325

CUSTOMER: Gina Deloach
Rotech Healthcare, Inc.
Suite 300
2600 Technology Drive
Orlando, FL 32804

RECEIVED
03 JAN 17 PM 2:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ROTech OXYGEN AND MEDICAL EQUIPMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: 