

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

102

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED

98 FEB 17 PM 2:55

SECRETARY OF STATE
STATE OF FLORIDA



DOCUMENT # K21529 (8)

1. Corporation Name
ROTECH REHABILITATION, INC.

Principal Place of Business 4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32853-3576	Mailing Address 4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32853-3576
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1988	
21	22	26	27	4. FEI Number 59-2893037	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.
 4506 L.B. MCLEOD RD., SUITE F
 ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name **Corporation Service Company**

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

83 **PO1 Hays Street**

84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE **2-17-98**

12. OFFICERS AND DIRECTORS

TITLE	PASD	<input type="checkbox"/> DELETE
NAME	GRIGGS, STEPHEN P.	
STREET ADDRESS	4506 L B MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	IRISH, REBECCA R.	
STREET ADDRESS	4506 L B MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Janet L. Ziomek	
2.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F	
2.4 CITY-ST-ZIP	Orlando, FL 32811	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	N. Scott Novell	
3.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F	
3.4 CITY-ST-ZIP	Orlando, FL 32811	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc Kevin	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marshall Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900002433039--2

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Stephen P. Griggs*

CR2E034 (10/97)

2002



ACCOUNT NO. : 072100000032
REFERENCE : 708230 7120726
AUTHORIZATION : *Patricia P...*
COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998
ORDER TIME : 10:29 AM
ORDER NO. : 708230
CUSTOMER NO: 7120726
CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:32
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: ROTTECH REHABILITATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

JB
2-17-98