2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21529 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** ROTECH REHABILITATION, INC. 03-14-2000 90080 031 ***150.00 Mailing Address Principal Place of Business 4506 LB MCLEOD RD P.O. BOX 53-6576 ORLANDO FL 32853-6576 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2893037 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE XI Change ☐ Addition ☐ Defete GRIGGS, STEPHEN P NAME NAME 4506 L B MCLEOD RD #F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32811 CITY-ST-ZIP ORLANDO FL **VP** ☐ Addition TITLE ☐ Change ☐ Delete TITLE ZIOMEK, JANET L NAME NAME 4506 L.B. MCLEOD RD., SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32811 Change ☐ Addition □ Delete TITLE NOVELL, N. SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Change ☐ Addition Delete TITLE LEVIN, MARC NAME NAME 910 Ridgebrook Road Sparks, MD 21152 10065 RED RUN BLVD. STREET ADDRESS STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE **ELKINS, MARSHALL** NAME NAME 910 Ridgebrook Road 10065 RED RUN BLVD. STREET ADDRESS STREET ADDRESS Sparks, MD 21152 CITY-ST-ZIP **OWINGS MILLS MD 21117** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI E TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. Scott Now 11 2/14/00 407-841-2115