

# 2002 UNIFORM BUSINESS REPORT (UBR)

0112016 AV

DOCUMENT # **L26265**

1. Entity Name

**MEDICAL ELECTRO-THERAPEUTICS, INC.**

Principal Place of Business

**2600 TECHNOLOGY DR., STE. 300  
ORLANDO FL 32804**

Mailing Address

**P.O. BOX 53-6576  
ORLANDO FL 32853-6576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2973806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LINEHAN, STEPHEN D**  
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **P/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ZIOMEK, JANET L**  
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **T/O** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **900005327309--1**  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **NOVELL, N. SCOTT**  
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LEVIN, MARC**  
STREET ADDRESS **910 RIDGEBROOK ROAD**  
CITY-ST-ZIP **SPARKS GLENCOE MD 21152**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ELKINS, MARSHALL**  
STREET ADDRESS **910 RIDGEBROOK ROAD**  
CITY-ST-ZIP **SPARKS GLENCOE MD 21152**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition  
NAME **Rebecca L. Myers**  
STREET ADDRESS **2600 Technology Dr. Ste 300**  
CITY-ST-ZIP **Orlando FL 32804**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Rebecca L. Myers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02** **407-822-4600 x4799**  
Date Daytime Phone #

**FILED**

**02 APR 23 PM 4: 03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

2al2



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:23 PM

ORDER NO. : 542010-205

CUSTOMER NO: 7120726

CUSTOMER: Ms. Gina Deloach  
Rotech Medical Corporation  
Suite 300  
2600 Technology Drive  
Orlando, FL 32804

RECEIVED

02 APR 23 PM 1:52

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MEDICAL ELECTRO-THERAPEUTICS,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_