

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120397 AV

10/2

DOCUMENT # L26265



1. Entity Name  
MEDICAL ELECTRO-THERAPEUTICS, INC.

FILED

03 JAN 17 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip L. Carter 2600 Technology Dr., 3rd 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	700010199117	<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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

467.822.4600 x4799  
Date Daytime Phone #

CR2E034 (10/02)



2al2

ACCOUNT NO. : 072100000032

REFERENCE : 897812 7355325

AUTHORIZATION : Patricia Ryzut

COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003

ORDER TIME : 11:59 PM

ORDER NO. : 897812-125

CUSTOMER NO: 7355325

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

RECEIVED  
03 JAN 17 PM 2:37  
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: Sara Lea-EXT#1114

EXAMINER'S INITIALS: