

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M70440 (6)**

1. Corporation Name  
**VITALCARE OF FLORIDA, INC.**

Principal Place of Business <b>4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32811-5676</b>	Mailing Address <b>4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32811-5676</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>03/03/1988</b>	
4. FEI Number <b>58-1781380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 **1201 Hays Street**

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

11. Pursuant to the provisions of Sections 607.002 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 from [Name], and accept the obligations of Section 607.0505, Florida Statutes.

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

Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

*A. Alan*  
*2/17/98*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**900002433489--9**

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 *[Signature]*

CR2E034 (10/97)



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

ORDER DATE : February 16, 1998  
 ORDER TIME : 2:0 PM  
 ORDER NO. : 708230  
 CUSTOMER NO: 7120726  
 CUSTOMER: Ms. Dawn Anderson  
 Rotech Medical Corporation  
 Suite F  
 4506 L B Mcleod Road  
 Orlando, FL 32811

CHANGE OF AGENT

NAME: VITALCARE OF FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Karen B. Rozar

RECORDED  
 98 FEB 17 PM 3:39  
 DIVISION OF CORPORATION