

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

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AND
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98 FEB 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092474 (2)

1. Corporation Name

Northeast Medical Equipment, Inc.

Principal Place of Business

Mailing Address

4506 L.B. MCLEOD ROAD
SUITE F
ORLANDO FL 32811

4506 L.B. MCLEOD ROAD
SUITE F
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

59-3345262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

82

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

83

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, As Its Agent

2.17.98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PASD ☐ DELETE

NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCLEOD ROAD, SUITE F
CITY-ST-ZIP ORLANDO FL

TITLE STD ☒ DELETE

NAME IRISH, REBECCA R
STREET ADDRESS 4506 L.B. MCLEOD ROAD, SUITE F
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D ☒ Change ☐ Addition

12 NAME Stephen P. Griggs

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE VP ☐ Change ☒ Addition

22 NAME Janet L. Ziomek
23 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
24 CITY-ST-ZIP Orlando, FL 32811

31 TITLE S ☐ Change ☒ Addition

32 NAME n. Scott Novell
33 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
34 CITY-ST-ZIP Orlando, FL 32811

41 TITLE D ☐ Change ☒ Addition

42 NAME Marc Kevin
43 STREET ADDRESS 10065 Red Run Blvd.
44 CITY-ST-ZIP Owings Mills, MD 21117

51 TITLE D ☐ Change ☒ Addition

52 NAME Marshall Elkins
53 STREET ADDRESS 10065 Red Run Blvd.
54 CITY-ST-ZIP Owings Mills, MD 21117

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

600002432926--4

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.

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:44 AM

ORDER NO. : 708230-445

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 10:50
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NORTHEAST MEDICAL EQUIPMENT,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: BRENDA PHILLIPS

EXAMINER'S INITIALS:

A. Alan
2/17/98