2001 UNIFORM BUSINESS REPORT (UBR)							Ψ	310	42
DOCL	JMENT # P95000 0	92474							V
1. Entity Name NORTHEAST MEDICAL EQUIPMENT. INC.						FILED			
NOITH	EAST MEDICAL EQUITMENT,	1140.				OIMAY-8 PM 1:	18		
Principal Pla	ace of Business	Mailing Address				SECRETARYOFISTA	oT:F		
4506 L.B. MCLEOD ROAD SUITE F		4506 L.B. MCLEOD ROAD SUITE F				TAULAHASSEE, FLIORIDA			
ORLANDO FL	32811	ORLANDO FL 32811							
2600 Technology Dr.		P. Meding Book 53-65	576						
Stite 300 etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
_		Odondo El					- 110 01 7		
Orlander FL		Orlando, FL	++0	-2		FEI Number 59-3345262		\vdash	pplied For ot Applicabl
32804	င ့်မြန်A	32853-6576	USA	ry	5.	Certificate of Status Desired [. 75 Ad Require	
6. Name and Address of Current Registered Agent		Registered Agent		Name	7.	Name and Address of New Regis	tered Ager	ıt	
120	RPORATION SERVICE COMPANY 1 HAYS STREET LAHASSEE FL 32301		-	Street Ac	ddress (P.O.	Box Number is Not Acceptable)	FL	Zip Cod	
	ignature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	od title if applicable. (NOT FILE NOW) After MAY 1, 20	FEE I	S \$150.0		10. Election Campaign Financir	~ —	\$5.0	10 May Be
(See crite	eria on back)	Make Check Payat	e to Dep		of State	Trust Fund Contribution.	LJ		d to Fees
11. TITLE	PD OFFICERS AND D	Delete	12.			DDITIONS/CHANGES TO OFFICER en D. Linehan		ECTOR: Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GRIGGS, STEPHEN P 4506 L.B. MCLEOD ROAD, SUITE ORLANDO FL 32811	F	NAME STREET CITY-S	TADDRESS ST-ZIP	2600 1	Fechnology Dr., Suite 300 lo, FL 32804	,		
TITLE TAME	VP ZIOMEK, JANET L	☐ Delete	TITLE NAME				×	Change	☐ Addition
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F ORLANDO FL 32811		H	ADDRESS IT-ZIP		Fechnology Dr., Suite 300 lo, FL 32804			
ITLE IAME	S NOVELL, N. SCOTT	☐ Delete	TITLE NAME				X	Change	☐ Addition
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811		1	ADDRESS T-ZIP		Technology Dr., Suite 300 lo, FL 32804			
ITLE	D	Delete	TITLE			3,		Change	Addition
:AME Itreet address Ity-st-zip	Levin, Marc 910 Ridgebrook RD Sparks Glencoe MD 21152		NAME STREET CITY-S	ADDRES3 T-ZIP		60000416	329	16-	
ITLE	D	☐ Delete	TITLE					Change	Addition
IAME TREET ADDRESS ITY - ST - ZIP	ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152		NAME STREET CITY-SI	ADDRESS T-ZIP					
ITLE AMF		☐ Delete	TITLE					Change	S III) Idition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for ne 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 misignature 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 is 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 AND TOPED OR PHINTED NAME OF SIGNING OFFICER OI DIRECTOR

Date

4/20/2001

(407) 822-4600

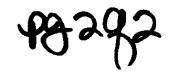
SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE : 142468

7120726

AUTHORIZATION

COST LIMIT

ORDER DATE: May 8, 2001

ORDER TIME : 11:0 AM

ORDER NO. : 142468-075

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn

Rotech Medical Corporation

Suite 300

2600 Technology Drive Orlando, FL 32804

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: Susie Knight:-EXT#1156

EXAMINER'S INITIALS: