2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0111983 AV

DOCUMENT # P95000092474

1. Entity Name

NORTHEAST MEDICAL EQUIPMENT, INC.

FILED
02 APR 23 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2600 TECHNOLOGY DR., STE 300 ORLANDO FL 32804	P.O. BOX 53-6576 ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE

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 59-3345262 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINEHAN, STEPHEN D 2600 TECHNOLOGY DR., STE 300 ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZIOMEK, JANET L 2600 TECHNOLOGY DR., STE 300 ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/O 600005327326--8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOVELL, N. SCOTT 2600 TECHNOLOGY DR., STE 300 ORLANDO FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Rebecca L. Myers 2600 Technology Dr. Ste 300 Orlando, FL 32804	☐ Change ☒ Addition

CR2E034 (9/01)

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: Rebecca L. Myers 4/19/02 407-822-4600 x4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:29 PM

ORDER NO. : 542010-235

CUSTOMER NO: 7120726

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

RECEIVED
02 APR 23 PM 4:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____