2001 UNIFORM BUSINESS REPORT (UBR)

P81492

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DOCUMENT # V35993

FILED

01 MAY -8 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PREFERENTIAL HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
4506 LB MCLEOD RD. SUITE F ORLANDO FL 32811	4506 LB MCLEOD RD. SUITE F ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2600 Technology Dr.	P. O. Box 53-6576
Suite 300 (Suite, Apt. #, etc.)	Suite, Apt. #, etc.
Orlando, FL	Orlando, FL
32804 (Country) USA	32853-6576 USA (Country)

4. FEI Number 59-3155850 ☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW! FEE IS $150.00
After MAY 1, 2001 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	DP GRIGGS, STEPHEN P 4506 L. B. MCLEOD ROAD STE F ORLANDO FL 32811	☐ Delete	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152	☐ Delete	800004162908--2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SP	☐ Change ☐ Addition

CR2E034 (10/00)

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.

4/20/2001 (407) 822-4600

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 142468 7120726

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

RECEIVED
01 MAY -8 AM 11:28
DIVISION OF CORPORATION

ORDER DATE : May 8, 2001

ORDER TIME : 10:42 AM

ORDER NO. : 142468-035

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

ANNUAL REPORT FILING

NAME: PREFERENTIAL HOME HEALTH CARE, 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: _____