I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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	
above, or on an attachment with all other like empowered.	

I

SECRETARY

10/16/2013

SIGNATURE	E:		
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	ALSENE, STEVEN P	Name	LEE, R. KIMBARK
Address	2600 TECHNOLOGY DRIVE, SUITE 300	Address	2600 TECHNOLOGY DRIVE, SUITE 300
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	TREASURER		
Name	MEADOR, DAVID J		
Address	2600 TECHNOLOGY DRIVE, SUITE 300		
City-State-Zip:	ORLANDO FL 32804		

Name and Address C	n Gurrent Registered Agent.

SUITE 300 ORLANDO, FL 32804

2600 TECHNOLOGY DRIVE

Current Mailing Address:

2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO, FL 32804 US

FEI Number: 59-1450889

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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.

DOCUMENT# 423435

Entity Name: ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Current Principal Place of Business:

Oct 16, 2013 Secretary of State CC0078645151

FILED

Date

Date

Electronic Signature of Signing Officer/Director Detail