

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 423435

**Entity Name:** ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

3600 VINELAND ROAD  
SUITE 114  
ORLANDO, FL 32811

**Current Mailing Address:**

3600 VINELAND ROAD  
SUITE 114  
ORLANDO, FL 32811 US

**FEI Number:** 59-1450889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, TREASURER,  
                    DIRECTOR  
Name            PIGG, TIMOTHY C.  
Address        3600 VINELAND ROAD  
                    SUITE 114  
City-State-Zip: ORLANDO FL 32811

Title            SECRETARY, DIRECTOR  
Name            BURRES, STEVEN B.  
Address        3600 VINELAND ROAD  
                    SUITE 114  
City-State-Zip: ORLANDO FL 32811

Title            TREASURER, CFO  
Name            PIGG, TIMOTHY C.  
Address        3600 VINELAND ROAD  
                    SUITE 114  
City-State-Zip: ORLANDO FL 32811

*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.*

**SIGNATURE: STEVEN B. BURRES**

**SECRETARY**

**10/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date