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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

			/
Name	PIGG, TIMOTHY C.	Name	BURRES, STEVEN B.
Address	3600 VINELAND ROAD SUITE 114	Address	3600 VINELAND ROAD SUITE 114
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	TREASURER, CFO	Title	PRESIDENT
Name	PHAN, NAM	Name	MENCHEN, ROBIN L
Address	3600 VINELAND ROAD SUITE 114	Address	3600 VINELAND ROAD SUITE 114
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

The above n

CEO, DIRECTOR

SIGNATURE:

Title

Electronic Signature of Registered Agent

Officer/Director Detail :

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	

Title

ION, FL 33324 US
named entity submits this statement for the purpose of changing its registered offi

Current Principal Place of Business:

Entity Name: ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

3600 VINELAND ROAD SUITE 114 ORLANDO, FL 32811

DOCUMENT# 423435

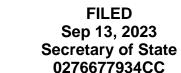
Current Mailing Address:

3600 VINELAND ROAD SUITE 114 ORLANDO, FL 32811 US

FEI Number: 59-1450889

Name and Address of Current Registered Agent:

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



09/13/2023

SECRETARY, DIRECTOR

Date

Certificate of Status Desired: No