FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:01

DOCUMENT # 423435 (7)

1. Corporation Name
ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4506 L. B. MCLEOD RD., SUITE F ORLANDO FL 32811	4506 L. B. MCLEOD RD., SUITE F ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1973
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): P.O. Box 536576
Suite, Apt. #, etc. (27):
City & State (28): ORLANDO FLORIDA
Zip (29): 32853
Country (30): USA

4. FEI Number: 59-1450889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.
4506 L. B. MCLEOD RD., SUITE F
P. O. BOX 538576
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P.	12 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., #F	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	WALKER, WILLIAM A. II	22 NAME		
STREET ADDRESS	250 PARK AVENUE, SOUTH	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	PRES/ASST. SEC/DIR	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN	32 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., #F	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	SEC/TREAS/DIR	☒ Change ☐ Addition
NAME	IRISH, REBECCA R	42 NAME		
STREET ADDRESS	4506 L B MCLEOD RD #F	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	DELETE	☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	52 NAME		
STREET ADDRESS	P.O. BOX 6845 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32852	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	DELETE	☒ Change ☐ Addition
NAME	WEAVER, JACK T.	62 NAME		
STREET ADDRESS	3120 CORRINE DR	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca R. Irish 2/6/95 (407) 841-2115
(SIGNATURE AND NAME TYPED OR PRINTED OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)
REBECCA R. IRISH

0050655 CP