

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

162

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **423435** (7)
1. Corporation Name
ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

FILED

98 FEB 17 PM 3:01

SECRETARY OF STATE



Principal Place of Business

**4506 L. B. MCLEOD RD., SUITE F
ORLANDO FL 32811**

Mailing Address

**P O BOX 536576
ORLANDO FL 32853
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1973

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 **201 Hays Street**

84 City **Tallahassee**

FL

85 Zip Code

32301

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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Karen B. Rozar**

Karen B. Rozar, As Its Agent

2-17-98

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PASD** ☐ DELETE

NAME **GRIGGS, STEPHEN**
STREET ADDRESS **4506 L.B. MCLEOD RD., #F**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☒ DELETE

NAME **IRISH, REBECCA R**
STREET ADDRESS **4506 L B MCLEOD RD #F**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition

1.2 NAME **Stephen P. Griggs**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **Janet L. Ziomek**
2.3 STREET ADDRESS **4506 L.B. Mcleod Rd, Suite F**
2.4 CITY-ST-ZIP **Orlando, FL 32811**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **N. Scott Novell**
3.3 STREET ADDRESS **4506 L.B. Mcleod Rd, Suite F**
3.4 CITY-ST-ZIP **Orlando, FL 32811**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Marc Levin**
4.3 STREET ADDRESS **10065 Red Run Blvd.**
4.4 CITY-ST-ZIP **Owings Mills, MD 21117**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Marshall Elkins**
5.3 STREET ADDRESS **10065 Red Run Blvd.**
5.4 CITY-ST-ZIP **Owings Mills, MD 21117**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002433038--5

14. 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 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 **[Signature]**

11-30-98 402-941-2115

CR2E034 (10/97)

202



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia T. [signature]*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:28 AM

ORDER NO. : 708230

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:32
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: ROTech OXYGEN AND MEDICAL
EQUIPMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

JB
2-17-98