

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90016 001 ***150.00

DOCUMENT # 423435

1. Entity Name

ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

4506 L. B. MCLEOD RD., SUITE F
ORLANDO FL 32811P O BOX 536576
ORLANDO FL 32853-6576
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1450889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP GRIGGS, STEPHEN P 4506 L.B. MCLEOD RD., #F ORLANDO FL 32811	<input type="checkbox"/>		<input type="checkbox"/>
VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	<input type="checkbox"/>		<input type="checkbox"/>
S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	<input type="checkbox"/>		<input type="checkbox"/>
D LEVIN, MARC 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/>	910 Ridgebrook Road Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ELKINS, MARSHALL 10065 RED RUN BLVD. OWINGS MILLS FL 21117	<input type="checkbox"/>	910 Ridgebrook Road Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Scott Novell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORN. Scott Novell 2/14/00 407-841-2115
Date Daytime Phone #

CR2E034 (9/99)