

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 500145 (8)  
1. Corporation Name  
ROTEX PHARMACEUTICALS, INC.

Principal Place of Business Mailing Address  
4508 L.B. MCLEOD RD.  
SUITE F  
ORLANDO FL 32811-5664  
P.O. BOX 536576  
ORLANDO FL 32853

98 FEB 17 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/31/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1817137	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
GRIGGS, STEPHEN P.  
4508 L.B. MCLEOD RD.  
SUITE F  
ORLANDO FL 32811

10. Name and Address of New Registered Agent  
81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1201 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar* Karen B. Rozar, As Its Agent DATE 2-17-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD GRIGGS, STEPHEN <input type="checkbox"/> DELETE	1.1 TITLE	DTP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN	1.2 NAME	Stephen P. Griggs
STREET ADDRESS	4508 L.B. MCLEOD RD, #F	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	
TITLE	STD IRISH, REBECCA R <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRISH, REBECCA R	2.2 NAME	Janet L. Ziomek
STREET ADDRESS	4508 L.B. MCLEOD RD #F	2.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	N. Scott Novell
STREET ADDRESS		3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marcelin
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marshall Elkins
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *N. Scott Novell*

700002433037--8

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION *Patricia Pignatelli*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:30 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: ROTEX PHARMACEUTICALS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

*JD*  
*2-17-98*