


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

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98 MAR 24 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F66925 (1)**  
1. Corporation Name  
**NATIONAL MEDICINE CENTER-WINTER HAVEN, INC.**



Principal Place of Business: **510 SE FIRST STREET WINTER HAVEN FL 33890**  
Mailing Address: **P.O. BOX 536576 ORLANDO FL 32853 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1982**

4. FEI Number: **59-2171301**

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

21. Principal Place of Business: **4506 L.B. McLeod Rd.**  
22. Suite, Apt. #, etc.: **Suite F**  
23. City & State: **Orlando, FL**  
24. Zip: **32811** 25. Country: **USA**

26. Mailing Address: **P.O. BOX 536576**  
27. Suite, Apt. #, etc.: **ORLANDO FL 32853**  
28. City & State: **US**  
29. Zip: **US** 30. Country: **US**

9. Name and Address of Current Registered Agent: **GRIGGS, STEPHEN P. 4506 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811**

10. Name and Address of New Registered Agent

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 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.

**900002467239--7**

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PAS</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRIGGS, STEPHEN P</b>		1.2 NAME: <b>Stephen P. Griggs</b>	
STREET ADDRESS: <b>4506 L.B. MCLEOD RD, STE F</b>		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP: _____	
TITLE: <b>ST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>IRISH, REBECCA R.</b>		2.2 NAME: <b>Janet L. Ziomek</b>	
STREET ADDRESS: <b>4506 L.B. MCLEOD RD, STE F</b>		2.3 STREET ADDRESS: <b>4506 L.B. McLeod Rd., Suite F</b>	
CITY-ST-ZIP: <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP: <b>Orlando, FL 32811</b>	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		3.2 NAME: <b>n. Scott Novell</b>	
STREET ADDRESS: _____		3.3 STREET ADDRESS: <b>4506 L.B. McLeod Rd., Suite F</b>	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: <b>Orlando, FL 32811</b>	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		4.2 NAME: <b>Marc Levin</b>	
STREET ADDRESS: _____		4.3 STREET ADDRESS: <b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: <b>Owings Mills, MD 21117</b>	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		5.2 NAME: <b>Marshall Elkins</b>	
STREET ADDRESS: _____		5.3 STREET ADDRESS: <b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: <b>Owings Mills, MD 21117</b>	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* 3/23/98 407-841-2115

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 11:58 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 MAR 24 PM 3:20  
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: NATIONAL MEDICINE CENTER-  
WINTER HAVEN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest