

# 2001 UNIFORM BUSINESS REPORT (UBR)

0482601

*Page 2*

**DOCUMENT # F66925**

1. Entity Name  
**NATIONAL MEDICINE CENTER-WINTER HAVEN, INC.**

**FILED**

01 APR 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4506 LB MCLEOD RD  
SUITE F  
ORLANDO FL 32811

Mailing Address

P.O. BOX 536576  
ORLANDO FL 32853  
US

2. Principal Place of Business  
**2600 Technology Dr.**

3. Mailing Address  
**P. O. Box 53-6576**

4. State, Apt. #, etc.  
**Suite 300**

5. Suite, Apt. #, etc.

6. Orlando, FL

7. Orlando, FL

4. FEI Number **59-2171301**

Applied For  
Not Applicable

32804

Country **USA**

32853-6576

Country **USA**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

Zip Code

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. 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	Delete
PD	GRIGGS, STEPHEN P	4506 L.B. MCLEOD RD, STE F	ORLANDO FL 32811	<input type="checkbox"/>
VP	ZIOMEK, JANET L	4506 L.B. MCLEOD RD, SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
S	NOVELL, N. SCOTT	4506 L.B. MCLEOD RD, SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
D	LEVIN, MARC	910 RIDGEBROOK ROAD	SPARKS GLENCOE MD 21152	<input type="checkbox"/>
D	ELKINS, MARSHALL	910 RIDGEBROOK ROAD	SPARKS GLENCOE MD 21152	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Stephen D. Linehan	2600 Technology Dr., Suite 300	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2600 Technology Dr., Suite 300	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2600 Technology Dr., Suite 300	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

800004082338--9

*[Handwritten Signature]*

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: *[Handwritten Signature]*

4/20/2001

(407) 822-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



*Pg 2 of 2*

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:20 PM

ORDER NO. : 129440-080

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn  
Rotech Medical Corporation  
Suite 300  
2600 Technology Drive  
Orlando, FL 32804

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 26 PM 3:13  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: NATIONAL MEDICINE  
CENTER-WINTER HAVEN, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis EXT 1165

EXAMINER'S INITIALS:

*[Handwritten Signature]*