

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **F66925**
 1. Entity Name
NATIONAL MEDICINE CENTER-WINTER HAVEN, INC.

FILED
 02 APR 23 PM 2:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2600 TECHNOLOGY DR., STE. 300 P.O. BOX 53-6576
RLANDO FL 32804 ORLANDO FL 32853
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2171301** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
 7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	P LINEHAN, STEPHEN D 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300005327333--7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Rebecca L. Myers 2600 Technology Dr., Ste 300 Orlando FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Rebecca L. Myers Date: 4/19/02 Daytime Phone #: 407-822-4600 x4799

CR2E034 (9/01)

2002



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pajoto*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:26 PM

ORDER NO. : 542010-225

CUSTOMER NO. : 7120726

RECEIVED
02 APR 23 11 52 AM '02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ms. Gina Deloach
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____