

2001 UNIFORM BUSINESS REPORT (UBR)

0068712

8192

DOCUMENT # G31672

1. Entity Name

NATIONAL MEDICINE CENTER-HAINES CITY, INC.

FILED

01 MAY -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4506 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811
US

Mailing Address

4506 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811
US

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-2295153

Applied For

Not Applicable

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

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.

(NOT)

Registered Agent's 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)

X

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 PD
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCLEOD RD, SUITE F
CITY-ST-ZIP ORLANDO FL 32811

Delete

TITLE Stephen D. Linehan
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804

Change Addition

TITLE VP
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

Delete

TITLE
NAME 2600 Technology Dr., Suite 300
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32804

Change Addition

TITLE S
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L. B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

Delete

TITLE
NAME 2600 Technology Dr., Suite 300
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32804

Change Addition

TITLE D
NAME LEVIN, MARC
STREET ADDRESS 910 RIDGEBROOK ROAD
CITY-ST-ZIP SPARKS GLENCOE MD 21152

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 400004162914--4

Change Addition

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 910 RIDGEBROOK RD
CITY-ST-ZIP SPARKS GLENCOE MD 21152

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP SP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that I
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
y signature shall have the same legal effect as if made under oath; that I am an officer or director
is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



98292

ACCOUNT NO. : 072100000032

REFERENCE : 142468 7120726

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 550.00

ORDER DATE : May 8, 2001

ORDER TIME : 11:02 AM

ORDER NO. : 142468-085

CUSTOMER NO: 7120726

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

RECEIVED
01 MAY -8 AM 11:27
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NATIONAL MEDICINE CENTER-
HAINES CITY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____