

2001 UNIFORM BUSINESS REPORT (UBR)

10/2 0482741

DOCUMENT # J71629

1. Entity Name
INTERNATIONAL THERAPEUTIC SERVICES, INC.

FILED

01 MAY 11 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4506 L. B. MCLEOD ROAD
STE F
ORLANDO FL 32811

Mailing Address
P.O. BOX 53-6576
ORLANDO FL 32853-6576

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 59-2803944 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 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, After MAY 1, 2011 Fee IS \$150.00 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	PD GRIGGS, STEPHEN P 4506 L B MCLEOD RD STE F ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L B MCLEOD RD STE F ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L B MCLEOD RD STE F ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004212542--5 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, ELKINS 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 <input 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	<input type="checkbox"/> Change <input 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 I am an officer or director 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (DIRECTOR)

4/20/2001 (407) 822-4600

Date Daytime Phone #

CR2E034 (10/00)

202



ACCOUNT NO. : 072100000032

REFERENCE : 147611 7120726

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 550.00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAY 11 PM 12:57

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ORDER DATE : May 11, 2001

ORDER TIME : 12:15 PM

ORDER NO. : 147611-010

CUSTOMER NO: 7120726

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

ANNUAL REPORT FILING

NAME: INTERNATIONAL THERAPEUTIC
SERVICES, 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: _____