

2002 UNIFORM BUSINESS REPORT (UBR)

011958 AV

10/2

DOCUMENT # J71629
 1. Entity Name
INTERNATIONAL THERAPEUTIC SERVICES, INC.

FILED
 02 APR 23 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**2600 TECHNOLOGY DRIVE
 STE. 300
 ORLANDO FL 32804**

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2803944**
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 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	
TITLE	P <input type="checkbox"/> Delete
NAME	LINEHAM, STEPHEN D
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	VP <input type="checkbox"/> Delete
NAME	ZIOMEK, JANET L
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	NOVELL, N. SCOTT
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LEVIN, MARC
STREET ADDRESS	910 RIDGEBROOK ROAD
CITY-ST-ZIP	SPARKS GLENCOE MD 21152
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MARSHALL, ELKINS
STREET ADDRESS	910 RIDGEBROOK ROAD
CITY-ST-ZIP	SPARKS GLENCOE MD 21152
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen D. Linehan
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	2000053272 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D Rebecca L. Myers
STREET ADDRESS	2600 Technology Dr, Ste 300
CITY-ST-ZIP	Orlando, FL 32804

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** 4/19/02 407.822.4600 x4799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

2012



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pizoto*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:20 PM

ORDER NO.: 542010-180

CUSTOMER NO.: 7120726

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

RECEIVED
02 APR 23 PM 1:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____