

# 2002 UNIFORM BUSINESS REPORT (UBR)

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10/2

DOCUMENT # J79815

Entity Name  
NATIONAL MEDICAL EQUIPMENT CENTERS, INC.

FILED

02 APR 23 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2600 TECHNOLOGY DR., STE. 300  
ORLANDO FL 32804

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2874381

Applied For  
Not Applicable

Zip Country

Zip Country

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.

(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, 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 P ☐ Delete  
NAME LINEHAN, STEPHEN D  
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300  
CITY-ST-ZIP ORLANDO FL 32804

TITLE P/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ZIOMEK, JANET L  
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300  
CITY-ST-ZIP ORLANDO FL 32804

TITLE T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME NOVELL, N. SCOTT  
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME LEVIN, MARC  
STREET ADDRESS 910 RIDGEBROOK RD  
CITY-ST-ZIP SPARKS MD 21152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SID ☐ Change ☒ Addition  
NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 407-822-4600 x4799

Date

Daytime Phone #

CR2E034 (9/01)

2al2



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:25 PM

ORDER NO. : 542010-215

CUSTOMER NO: 7120726

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

ANNUAL REPORT FILING

RECEIVED  
XX 02 APR 23 PM 1:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME: NATIONAL MEDICAL EQUIPMENT  
CENTERS, INC.

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: \_\_\_\_\_