

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J79815

1. Entity Name
NATIONAL MEDICAL EQUIPMENT CENTERS, INC.



FILED

03 JAN 17 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Zip

Country

Zip

Country

4. FEI Number 59-2874381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEHAN, STEPHEN D 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ZIOMEK, JANET L 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, REBECCA L 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip L. Carter 2600 Technology Dr. 300 Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

407.822.4607 x4799

Daytime Phone #

CR2E034 (10/02)



2012

ACCOUNT NO. : 072100000032

REFERENCE : 897812 7355325

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003

ORDER TIME : 11:59 PM

ORDER NO. : 897812-130

CUSTOMER NO: 7355325

CUSTOMER: Gina Deloach
Rotech Healthcare, Inc.
Suite 300
2600 Technology Drive
Orlando, FL 32804

RECEIVED
03 JAN 17 PM 2:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: NATIONAL MEDICAL EQUIPMENT CENTERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS:

[Handwritten signature]