FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB 17 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K21529** **(8)**

1. Corporation Name
ROTECH REHABILITATION, INC.

Principal Place of Business
4506 L.B. MCLEOD RD., SUITE F
P.O. BOX 53-6576
ORLANDO FL 32853-3576

Mailing Address
4506 L.B. MCLEOD RD., SUITE F
P.O. BOX 53-6576
ORLANDO FL 32853-3576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1988

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2893037 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
GRIGGS, STEPHEN P.
4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Rozar, As Its Agent — 2-17-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PASD	☐ DELETE
NAME	GRIGGS, STEPHEN P.	
STREET ADDRESS	4506 L B MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	☑ DELETE
NAME	IRISH, REBECCA R.	
STREET ADDRESS	4506 L B MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☑ Change ☐ Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	Janet L. Ziomek	
2.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
2.4 CITY-ST-ZIP	Orlando, FL 32811	
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	N. Scott Norell	
3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
3.4 CITY-ST-ZIP	Orlando, FL 32811	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Marc Levin	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	Marshall Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	900002433039--2	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

2-17-98

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)

2082

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:29 AM

ORDER NO. : 708230

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:32
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: ROTECH REHABILITATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

2-17-98