

# 2001 UNIFORM BUSINESS REPORT (UBR)

1062

0066722

DOCUMENT # **K96702**

1. Entity Name  
**HEALTH AT HOME, INC.**

**FILED**

**01 MAY 11 PM 4:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**4506 L B MCLEOD RD F  
ORLANDO FL 32811**

Mailing Address  
**4506 L B MCLEOD RD F  
ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2600 Technology Dr.

P. O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

4. FEI Number **59-2954576**

Applied For  
Not Applicable

32804 USA

32853-6576 USA

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 **LS**

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! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>DP GRIGGS, STEPHEN P 4506 LB MCLEOD RD STE F ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVIN, MARC 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100004212561-5</b>	<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

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 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.

**4/20/2001 (407) 822-4600**

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

Date Daytime Phone #

CR2E034 (10/00)

2062



ACCOUNT NO. : 072100000032  
 REFERENCE : 147611 7120726  
 AUTHORIZATION : *Patricia Pigute*  
 COST LIMIT : \$ 550.00

ORDER DATE : May 11, 2001  
 ORDER TIME : 12:22 PM  
 ORDER NO. : 147611-045  
 CUSTOMER NO: 7120726  
 CUSTOMER: Ms. Dawn Dreghorn  
 Rotech Medical Corporation  
 Suite 300  
 2600 Technology Drive  
 Orlando, FL 32804

RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2001 MAY 11 PM 12:57  
 NOT INTENDED  
 TO ACKNOWLEDGE  
 SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: HEALTH AT HOME, 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: \_\_\_\_\_