

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

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98 FEB 17 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26268 (7)
1. Corporation Name
NIGHTINGALE HOME HEALTH CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
%STEPHEN P. GRIGGS 4506 L.B. MCLEOD RD., STE. F ORLANDO FL 32811		%STEPHEN P. GRIGGS 4506 L.B. MCLEOD RD., STE. F ORLANDO FL 32811	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2973784	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

3. Date Incorporated or Qualified
10/27/1989

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)	1201 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* **Karen B. Rozar, As Its Agent** DATE: **2-17-98**

12. OFFICERS AND DIRECTORS

TITLE	PASD	<input type="checkbox"/> DELETE
NAME	GRIGGS, STEPHEN P.	
STREET ADDRESS	4506 L.B. MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	IRISH, REBECCA R.	
STREET ADDRESS	4506 L B MCLEOD RD #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ms. 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mare Levin	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *[Signature]* 1/16/98 407-841-215

CR2E034 (10/97)



ACCOUNT NO. : 072100000032
 REFERENCE : 708230 7120726
 AUTHORIZATION : *Patricia Pizito*
 COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998
 ORDER TIME : 10:07 AM
 ORDER NO. : 708230-370
 CUSTOMER NO: 7120726
 CUSTOMER: Ms. Dawn Anderson
 Rotech Medical Corporation
 Suite F
 4506 L B Mcleod Road
 Orlando, FL 32811

RECEIVED
 98 FEB 17 PM 12:20
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NIGHTINGALE HOME HEALTH CARE,
 INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS: *A. Alan*
2/17/98