

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

1982

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 FEB 17 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT #	L45007	(6)
1. Corporation Name HEALTHCARE BUSINESS SOLUTIONS, 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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/19/1990	
4. FEI Number 59-2986879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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	

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

12. OFFICERS AND DIRECTORS	
TITLE	PASD
NAME	GRIGGS, STEPHEN P
STREET ADDRESS	4506 LB MCLEOD RD STE F
CITY-ST-ZIP	ORLANDO FL
TITLE	STD
NAME	IRISH, REBECCA R
STREET ADDRESS	4506 LB MCLEOD RD STE F
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P
1.2 NAME	Stephen P. Griggs
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP
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
3.2 NAME	n. Scott Novell
3.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F
3.4 CITY-ST-ZIP	Orlando, FL 32811
4.1 TITLE	D
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
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	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.
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CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizit

ORDER DATE : February 16, 1998

ORDER TIME : 10:01 AM

ORDER NO. : 708230-285

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 11:33
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: HEALTHCARE BUSINESS SOLUTIONS,
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:

JB
2-18-98