

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

1992

PROFIT CORPORATION ANNUAL REPORT 1998



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

**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 Mailing Address  
**4506 L.B. MCLEOD RD., SUITE F  
P.O. BOX 53-6576  
ORLANDO FL 32653-3576**

3. Date Incorporated or Qualified  
**01/19/1990**

4. FEI Number **59-2986879** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PASD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIGGS, STEPHEN P</b>	
STREET ADDRESS	<b>4506 LB MCLEOD RD STE F</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>IRISH, REBECCA R</b>	
STREET ADDRESS	<b>4506 LB MCLEOD RD STE F</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
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	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Stephen P. Griggs</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Janet L. Ziomek</b>	
2.3 STREET ADDRESS	<b>4506 L.B. Mcleod Rd., Suite F</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>n. Scott Novell</b>	
3.3 STREET ADDRESS	<b>4506 L.B. Mcleod Rd., Suite F</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Marc Levin</b>	
4.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
4.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Marshall Elkins</b>	
5.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
5.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002433012--6</b>	
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.

CR2E034 (10/97)

202



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

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*