

2001 UNIFORM BUSINESS REPORT (UBR)

1082 0482708

DOCUMENT # **L45007**

1. Entity Name
HEALTHCARE BUSINESS SOLUTIONS, INC.

FILED

01 MAY 11 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 4506 LB MCLEOD RD STE F ORLANDO FL 32811 | Mailing Address P.O. BOX 53-6576 ORLANDO FL 32853-3576 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 2600 Technology Dr. Suite 300 Orlando, FL | Mailing Address P. O. Box 53-6576 Orlando, FL |
|---|---|

| | | | |
|-------|-----|------------|-----|
| 32804 | USA | 32853-6576 | USA |
|-------|-----|------------|-----|

| | |
|---------------------------------|--|
| 4. FEI Number 59-2986879 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOT Registered Agent signature required when reinstating) DATE **LS**

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2600 Technology Dr., Suite 300 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900004212559--2 |
| 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

SIGNATURE _____ DATE **4/20/2001** DAYTIME PHONE # **(407) 822-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A DIRECTOR

CR2E034 (10/00)

202



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

ORDER DATE : May 11, 2001
 ORDER TIME : 12:21 PM
 ORDER NO. : 147611-040
 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: 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: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____