

2001 UNIFORM BUSINESS REPORT (UBR)

1062

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

2. Principal Place of Business
2600 Technology Dr.

3. Mailing Address
P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-2986879

Applied For
Not Applicable

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 | DP | <input type="checkbox"/> Delete | TITLE | Stephen D. Linehan | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIGGS, STEPHEN P | | NAME | 2600 Technology Dr., Suite 300 | |
| STREET ADDRESS | 4506 LB MCLEOD RD STE F | | STREET ADDRESS | Orlando, FL 32804 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIOMEK, JANET L | | NAME | 2600 Technology Dr., Suite 300 | |
| STREET ADDRESS | 4506 L.B. MCLEOD RD., SUITE F | | STREET ADDRESS | Orlando, FL 32804 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOVELL, N. SCOTT | | NAME | 2600 Technology Dr., Suite 300 | |
| STREET ADDRESS | 4506 L.B. MCLEOD RD., SUITE F | | STREET ADDRESS | Orlando, FL 32804 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, MARC | | NAME | 900004212559--2 | |
| STREET ADDRESS | 910 RIDGEBROOK RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARKS GLENCOE MD 21152 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELKINS, MARSHALL | | NAME | | |
| STREET ADDRESS | 910 RIDGEBROOK RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARKS GLENCOE MD 21152 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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

4/20/2001 (407) 822-4600

Date Daytime Phone #

CR2E034 (10/00)

202



ACCOUNT NC. : 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: _____