

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

102

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L82097** (1)
1. Corporation Name
ROTECH/TEXAS, INC.

FILED

98 FEB 17 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/19/1990	4. FEI Number 59-3016281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

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)			
83 City	Tallahassee		
84 State	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, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PASD				D/P		
	GRIGGS, STEPHEN P	4506 L B MCLEOD RD #F	ORLANDO FL		Stephen P. Griggs		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	STD				VP		
	IRISH, REBECCA R	4506 L B MCLEOD RD #F	ORLANDO FL		Janet L. Ziomek	4506 L.B. McLeod Rd., Suite F	Orlando, FL 32811
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
					S		
					n. Scott Novell	4506 L.B. McLeod Rd., Suite F	Orlando, FL 32811
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
					D		
					Marc Levin	10065 Red Run Blvd.	Owings Mills, MD 21117
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
					D		
					Marshall Elkins	10065 Red Run Blvd.	Owings Mills, MD 21117
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	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.

CR2E034 (10/97)

800002433018--7



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia Pigg*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 8:48 AM

ORDER NO. : 708230

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

CHANGE OF AGENT

NAME: ROTech/TEXAS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

JB
2-18-98