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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38946** (0)

1. Corporation Name

**MEDIQ/PRN LIFE SUPPORT SERVICES, INC.**



Principal Place of Business <b>ONE MEDIO PLAZA PENNSAUKEN NJ 08110</b>	Mailing Address <b>ONE MEDIO PLAZA PENNSAUKEN NJ 08110</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>95-3692387</b>		Applied For <input type="checkbox"/> Not Applicable			
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			

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

Signature of Special or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SCFO	1.1 TITLE	<b>SVI/CFD/D</b>
NAME	KAPLAN, JAY M.	1.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ	1.4 CITY - ST - ZIP	
TITLE	CEO	2.1 TITLE	
NAME	KORMAN, BERNARD J.	2.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	
NAME	SANDLER, MICHAEL F.	3.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ	3.4 CITY - ST - ZIP	
TITLE	POD	4.1 TITLE	<b>P/D</b>
NAME	CARROLL, THOMAS E.	4.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	HANLON, STEPHEN R.	5.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ 08110	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	
NAME	DUCKWITZ, DONALD I.	6.2 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENNSAUKEN NJ	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**607-665-2300**

Daytime Phone #

0512069

CR2E034 (9/96)

**MEDIQ/PRN LIFE SUPPORT SERVICES, INC.**  
**ADDITIONAL Officers and Directors**  
**FEIN: 95-3692387**

**DIRECTORS:**

<b>Name</b>	<b>ADDRESS</b>
<b>ALAN S. EINHORN</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>

**OFFICERS:**

<b>Title</b>	<b>Name</b>	
<b>Senior Vice President</b>	<b>Jorge L. Gonzales</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Senior Vice President</b>	<b>John Morgan</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Senior Vice President</b>	<b>TED M. BUCHTER</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Senior Vice President</b>	<b>KATHY HILL</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President /SECR.</b>	<b>Alan S. Einhorn</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>MARK BURROUGHS</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>Elliot B. Sloan</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>CATHY WINGATE</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>JOSEPH DAILY</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>Dina Lichtman</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>
<b>Vice President</b>	<b>GARY BACHRACH</b>	<b>ONE MEDIQ PLAZA PENNSAUKEN NJ 08110</b>