

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90046 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38946

1. Corporation Name

MEDIQ/PRN LIFE SUPPORT SERVICES, INC.

Principal Place of Business

ONE MEDIO PLAZA
PENNSAUKEN NJ 08110

Mailing Address

ONE MEDIO PLAZA
PENNSAUKEN NJ 08110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1992

4. FEI Number

95-3692387

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KAPLAN, JAY M.	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EINHORN, ALAN S	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARROLL, THOMAS E.	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANLON, STEPHEN R.	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ 08110	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GONZOLEZ, JORGE L	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ 08110	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, JOHN	
STREET ADDRESS	ONE MEDIO PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ 08110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: X *Signature* REQUESTED KAPLAN SEVP/KFO/TREAS 4/20/1999 609-662-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

545594-90046-12
Doc # P 389.46

MEDIQ/PRN Life Support Services Inc.
FEIN: 95-3692387

ADDITIONAL OFFICERS:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Ted M. Buchter	V	One MEDIQ Plaza Pennsauken, NJ 08110
Katherine Hill	V	One MEDIQ Plaza Pennsauken, NJ 08110
Mark Burroughs	V	One MEDIQ Plaza Pennsauken, NJ 08110
Thomas J. Burns	V	One MEDIQ Plaza Pennsauken, NJ 08110
Elliot Sloane	V	One MEDIQ Plaza Pennsauken, NJ 08110
Cathy Wingate	V	One MEDIQ Plaza Pennsauken, NJ 08110
Dina Lichtman	V	One MEDIQ Plaza Pennsauken, NJ 08110
Gary Bachrach	V	One MEDIQ Plaza Pennsauken, NJ 08110
Steve Hansen	V	One MEDIQ Plaza Pennsauken, NJ 08110
Elizabeth Blair	V	One MEDIQ Plaza Pennsauken, NJ 08110
Andrew E. Wood	V	One MEDIQ Plaza Pennsauken, NJ 08110