

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38946

1. Entity Name  
MEDIQ/PRN LIFE SUPPORT SERVICES, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90285 032 \*\*\*150.00

Principal Place of Business  
ONE MEDIQ PLAZA  
PENNSAUKEN NJ 08110

Mailing Address  
ONE MEDIQ PLAZA  
PENNSAUKEN NJ 08110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-3692387

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

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

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 \_\_\_\_\_ (NOTE: 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	V	<input checked="" type="checkbox"/> Delete	TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURROUGHS, MARK		NAME	ALAN EINHORN	
STREET ADDRESS	ONE MEDIQ PLAZA		STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ 08110		CITY-ST-ZIP	PENNSAUKEN NJ 08110	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, THOMAS E.		NAME	REGIS FARRELL	
STREET ADDRESS	ONE MEDIQ PLAZA		STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ		CITY-ST-ZIP	PENNSAUKEN NJ 08110	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	TV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, STEPHEN R.		NAME	KENNETH KOESTER	
STREET ADDRESS	ONE MEDIQ PLAZA		STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ 08110		CITY-ST-ZIP	PENNSAUKEN NJ 08110	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZOLEZ, JORGE L		NAME		
STREET ADDRESS	ONE MEDIQ PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PENNSAUKEN NJ 08110		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHN		NAME		
STREET ADDRESS	ONE MEDIQ PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PENNSAUKEN NJ 08110		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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Koester KENNETH KOESTER CFO 4/10/2001 856-662-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)