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

(1)

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 16 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018279

1. Corporation Name: American Oxygen Services, Inc.

Principal Place of Business: | Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/10/94

2. Principal Place of Business
21 4506 L.B. McLeod Road
Suite, Apt. #, etc. 22 Suite F
City & State 23 Orlando, FL
Zip 24 32811 Country 25 USA

2a. Mailing Address
26 P.O. Box 536576
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL
Zip 29 32853-6576 Country 30 USA

4. FEI Number: 65-0400994 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Stephen P. Griggs
4506 LB McLeod Rd, Ste 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): 1201 Hays Street
83
84 City: Tallahassee 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Gail Shelby, As Agent — 6/16/1998
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
1.4 CITY-ST-ZIP	Orlando, FL 32811	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Janet L. Ziomek	
2.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
2.4 CITY-ST-ZIP	Orlando, FL 32811	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	N. Scott Novell	
3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
3.4 CITY-ST-ZIP	Orlando, FL 32811	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Marc Levin	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Marshall Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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. 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: 6/12/98 407-841-2115
SIGNATURE AND/OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (10/97)

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 857782 7120726

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : June 16, 1998

ORDER TIME : 1:50 PM

ORDER NO. : 857782-005

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

ANNUAL REPORT FILING

RECEIVED 98 JUN 16 PM 2:36 DIVISION OF CORPORATION

NAME: AMERICAN OXYGEN SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____