| 2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P93000018279 |   |                                  |                                   |   |                       | FILED   | l 04                        | 12                      | 0111957 A      |
|---|---|----------------------------------|-----------------------------------|---|-----------------------|---|-----------------------------|-------------------------|----------------|
| •   | N OXYGEN SERVICES INC.  |                                  |                                   |   | 02                    |   | ·                           |                         | <              |
| Principal Place   | e of Business   | Mailing Address P.O. BOX 53-6576 |                                   |   |                       | APR 23 PM 1:51 CRETARY OF STATE _AHASSEE, FLORIDA                       |                             |                         |                |
| ORLANDO FL 32804<br>US                                      |   | ORLANDO FL 32853-6576<br>US      |                                   | la c  |                       |   |                             |                         |                |
| 2. Principal Pl   | lace of Business  | 3. Mailing Address               |                                   |   |                       | }    <b>                                  </b>                          | 8984 11888 (8918 11891 11   |                         |                |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.              |                                   |   |                       | DO NOT WRITE IN THIS SPACE  |                             |                         |                |
| City & State  | 9   | City & State                     |                                   |   | <b>4</b> . F          | El Number 65-0400994  |                             | olied For<br>Applicable |                |
| Zip Country   |   | Zip Country                      |                                   | /   | 5. 0                  | Certificate of Status Desired   | \$8.75 Addi<br>Fee Required |                         |                |
|   | 6. Name and Address of Current I  | Registered Agent                 |                                   |   |                       | lame and Address of New Register  | ed Agent                    |                         | }              |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET                |   |                                  | -                                 | Name Street Address (P.O. Box Number is Not Acceptable) |                       |   |                             |                         |                |
|   | SSEE FL 32301   |                                  |                                   | City  |                       |   | Zip Code                    | ,                       |                |
| 9. This corporate filling r                                 | Signature, typed or printed name of registered agent a contain is eligible to satisfy its Intangible requirement and elects to do so. |                                  | :: Registered A                   | Agent signature res                                     | quired when re        | instating) DA  10. Election Campaign Financing Trust Fund Contribution. | ☐ Added                     | <b>0</b> May Be to Fees |                |
| 11.   | OFFICERS AND  |                                  | 12.                               |   | •                     | DITIONS/CHANGES TO OFFICERS   |                             |                         | I ←            |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                    | P<br>  LINEHAN, STEPHEN D<br>  2600 TECHNOLOGY DR., STE. 3(<br>  ORLANDO FL 32804   | FE. 300                          |                                   | ADDRESS<br>T-ZIP  | / D                   |   | Change                      | Addition                | CR2E034 (9/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | V<br>ZIOMEK, JANET L<br>2600 TECHNOLOGY DR., STE. 30<br>ORLANDO FL 32804  |                                  |                                   | ADDRESS<br>T-ZIP  | 70                    | )<br>6000053272   |                             | Addition                | 5              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | S<br>NOVELL, N. SCOTT<br>2600 TECHNOLOGY DR., STE. 30<br>ORLANDO FL 32804   | · ·                              |                                   | ADDRESS<br>T-ZIP  |                       |   | ☐ Change                    | Addition                |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | Delete EVIN, MARC 10 RIDGEWOOD ROAD PARKS GLENCOE MD 21152  |                                  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS ST-ZIP  |                       | Change  | Addition                    |                         |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | D<br>ELKINS, MARSHALL<br>910 RIDGEWOOD ROAD<br>SPARKS GLENCOE MD 21152  | Delete                           | TITLE<br>NAME<br>STREET<br>CITY-S |   |                       |   | ☐ Change                    | Addition                |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   | ☐ Delete                         | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS Z   | lebec<br>600<br>Srlan | ca L Myers<br>Technology De, S<br>do, Fi 32804                          | □ Change<br># <i>E</i> 300  | Addition                |                |

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:

| Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block





ACCOUNT NO. : 07210000032

REFERENCE : 542010 7120726

AUTHORIZATION <: {

COST LIMIT : \$ 150.00  $\mathcal{U}$ 

ORDER DATE: April 23, 2002

ORDER TIME: 11:55 AM

ORDER NO. : 542010-075

CUSTOMER NO: 7120726

CUSTOMER: Ms. Gina Deloach

Rotech Medical Corporation

Suite 300

2600 Technology Drive Orlando, FL 32804

ANNUAL REPORT FILING

NAME: AMERICAN OXYGEN SERVICES INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: