

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032822

1. Entity Name

HOME CARE SOLUTIONS OF MURRAY, INC.

FILED

01 MAY 11 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4506 LB MCLEOD RD
STE F
ORLANDO FL 32811

Mailing Address

P.O. BOX 536576
ORLANDO FL 32853

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-3182446

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOT

Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRIGGS, STEPHEN P 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000004212548-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for 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 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.

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

202



ACCOUNT NO. : 072100000032

REFERENCE : 147611 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 550.00

ORDER DATE : May 11, 2001

ORDER TIME : 12:17 PM

ORDER NO. : 147611-020

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 11 PM 12:57
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: HOME CARE SOLUTIONS OF MURRAY,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____