

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

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AND  
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98 FEB 17 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000047217 (3)**

1. Corporation Name

**NATIONAL HOME CARE SERVICES, INC.**

Principal Place of Business

Mailing Address

**110 S.R. 419  
STE. 104  
WINTER SPRINGS FL 32708  
US**

**P.O. BOX 536578  
ORLANDO FL 32853-6578  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/07/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3187695</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIGGS, STEPHEN P  
4506 L.B. MCCLEOD ROAD  
SUITE 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 N. Hwy 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

*Karen B. Rozar*

**Karen B. Rozar, As Its Agent**

DATE

**2-17-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PASD</b>	1.1 TITLE	<b>D/P</b>
NAME	<b>GRIGGS, STEPHEN P</b>	1.2 NAME	<b>Stephen P. Griggs</b>
STREET ADDRESS	<b>4506 L.B. MCCLEOD RD., STE. F</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>VP</b>
NAME	<b>IRISH, REBECCA R</b>	2.2 NAME	<b>Janet L. Ziomek</b>
STREET ADDRESS	<b>4506 L.B. MCCLEOD RD., STE. F</b>	2.3 STREET ADDRESS	<b>4506 L.B. McCleod Rd., Suite F</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
TITLE		3.1 TITLE	<b>S</b>
NAME		3.2 NAME	<b>H. Scott Morell</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4506 L.B. McCleod Rd., Suite F</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
TITLE		4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>Marc Levin</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>Marshall Elkins</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE		6.1 TITLE	<b>800002432518-9</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*A. Alan*

**1/28/98** **442-841-2115**

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

*Patricia Pzyto*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:38 AM

ORDER NO. : 708230-350

CUSTOMER NO: 7120726

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

RECEIVED  
98 FEB 17 AM 10:51  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NATIONAL HOME CARE 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: BRENDA PHILLIPS

EXAMINER'S INITIALS:

*A. Alan*  
*2/17/98*