

2001 UNIFORM BUSINESS REPORT (UBR)

0482747

DOCUMENT # P93000047217

1. Entity Name

NATIONAL HOME CARE SERVICES, INC.

Principal Place of Business

4506 LB MCLEOD RD
SUITE F
ORLANDO FL 32811
US

Mailing Address

P.O. BOX 536576
ORLANDO FL 32853-6576
US

FILED
01 APR 26 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 Technology Dr.

3. Mailing Address
P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

4. FEI Number 59-3187695

Applied For

Not Applicable

32804

USA

32853-6576

USA

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 32801

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.

(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 DP
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCCLOED RD., STE. F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE P
NAME Stephen D. Linehan
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE VP
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE D
NAME LEVIN, MARC
STREET ADDRESS 910 RIDGEBROOK RD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 910 RIDGEBROOK RD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

(407) 822-4600

Date

Daytime Phone #

CR2E034 (10/00)



92012

ACCOUNT NO. : 072100000032
REFERENCE : 129440 7120726
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:23 PM

ORDER NO. : 129440-090

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 APR 26 PM 3:12
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: