

# 2002 UNIFORM BUSINESS REPORT (UBR)

011952 AV

1afr

DOCUMENT # P93000047217

1. Entity Name  
NATIONAL HOME CARE SERVICES, INC.

FILED

02 APR 23 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2600 TECHNOLOGY DR., STE. 300  
ORLANDO FL 32804  
US

Mailing Address  
P.O. BOX 53-6576  
ORLANDO FL 32853-6576  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3187695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32801

## 7. Name and Address of New Registered Agent

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, 2002 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	P	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINEHAN, STEPHEN D		NAME		
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIOMEK, JANET L		NAME		
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC		NAME		
STREET ADDRESS	910 RIDGEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	SPARKS GLENCOE MD 21152		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELL, N. SCOTT		NAME		
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL		NAME		
STREET ADDRESS	910 RIDGEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	SPARKS GLENCOE MD 21152		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rebecca L. Myers	
STREET ADDRESS			STREET ADDRESS	2600 Technology Dr, Ste 300	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32804	

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: Rebecca L. Myers 4/19/02 407-822-4000 x 4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



2ak

ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION

*Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:24 PM

ORDER NO: 542010-210

CUSTOMER NO: 7120726

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

RECEIVED  
02 APR 23 PM 1:32  
DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_