

2001 UNIFORM BUSINESS REPORT (UBR)

0482749

1082

DOCUMENT # P93000069303

1. Entity Name

CAMDEN MEDICAL SUPPLY, INC.

FILED

01 MAY 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4506 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811	Mailing Address P.O. BOX 53-6576 ORANDOO FL 32853-6576
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2600 Technology Dr.	P.O. Box 53-6576
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Suite 300 etc.	Suite, Apt. #, etc.
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Orlando, FL	Orlando, FL
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32804	USA	32853-6576	USA
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4. FEI Number	59-3203186	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	

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. (NOT Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	☒	FILE NOW! After MAY 1, 2001 Fee IS \$150.00 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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIGGS, STEPHEN P 4506 L. B. MCLEOD ROAD, SUITE F ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004212585 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS ☐ Change ☐ Addition
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 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:	4/20/2001	(407) 822-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/00)

2062



ACCOUNT NO. : 072100000032
REFERENCE : 147611 7120726
AUTHORIZATION :
COST LIMIT : \$ 550.00 *Patricia Pigute*

ORDER DATE : May 11, 2001
ORDER TIME : 12:33 PM
ORDER NO. : 147611-115
CUSTOMER NO: 7120726
CUSTOMER: Ms. Dawn Dreghorn
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

ANNUAL REPORT FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 11 PM 12:56
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: CAMDEN MEDICAL SUPPLY, 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: _____