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10/2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 FEB 17 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069876 (9)

1. Corporation Name

SOUTHERN IV THERAPY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4506 L.B. MCLEOD RD STE F ORLANDO FL 32811		Mailing Address POB 53-6576 ORLANDO FL 32853-6576	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent GRIGGS, STEPHEN P. 4506 LB MCLEOD 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 HAYS 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Karen B. Rozar</i> Karen B. Rozar, As Its Agent DATE 2-17-98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PASD NAME GRIGGS, STEPHEN P. STREET ADDRESS 4506 L.B. MCLEOD RD #F CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> DELETE	1.1 TITLE D/P 1.2 NAME Stephen P. Griggs 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME IRISH, REBECCA R. STREET ADDRESS 4506 L.B. MCLEOD RD #F CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME Janet L. Ziomek 2.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F 2.4 CITY-ST-ZIP Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE S 3.2 NAME h. Scott Novell 3.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F 3.4 CITY-ST-ZIP Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Marek Levin 4.3 STREET ADDRESS 10065 Red Run Blvd. 4.4 CITY-ST-ZIP Owings Mills, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Marshall Elkins 5.3 STREET ADDRESS 10065 Red Run Blvd. 5.4 CITY-ST-ZIP Owings Mills, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)

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ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

*Patricia Pizit*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:35 AM

ORDER NO. : 708230-095

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: SOUTHERN IV THERAPY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

*JP*  
2-17-98