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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** PORNONNESS (Q)

FILED

98 FEB 17 PH 2: 33

SOUTHERN IV THERAPY, INC.							TALLAHASSEE. FLORIDA			
3001	ILIEUIA IA	HERAPT, INC.								OF BIR IDDE
	<u></u>									
	ce of Business		Ma	ailing Address			1 10 5115 61 119 10100 11111 05111	90)1 EDIII Q <b>E</b> IFD	6111A 18181 (611) (61	#1# #111 1##1
4508 LB. MCLEOD RD POB 53-6576										
STE F ORLANDO FL 32811			,	ORLANDO FL 32853-	6576		DO NOT WRITE IN THIS SPACE			
•							3. Date Incorporated or Qualif	ied		<u> </u>
							09/30/1993			
2. Principal	Place of Busin	ess	2a.	2a, Mailing Address			4. FEI Number		Ap	plied For
21				26			59-3204556	<b>***</b> *********************************		t Applicable
Suite, Apt. #, etc.			ļ	Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆	\$8.75	
22 City & Sta	City & State			City & State					Fee Re	<u> </u>
23			28	28			Election Campaign Financia     Trust Fund Contribution	ng 🖂	\$5.00 Added t	•
Zip		Country		Zip	Cou	ntry	8. This corporation owes or ha			
24	<u> </u>	25	29		30	-	Personal Property Tax due	•	<b>—</b>	No.
	9, Name	and Address of Curr	ent Regis	tered Agent			10. Name and Address of Nev	v Registere	d Agent	
GRIGGS, STEPHEN P. 81 Name							sconcation 5	es vice	2 Conn	0001/
4506 LB MCLEOD ROAD					ļ		ress (P.O. Box Number is Not Acce	ptable)	= COVIII	20114
SUITE F						11201	HOLLS Street			
ORLANDO FL 32811						83	-			
					•	84 City	llahassee	F	85 Zip (	Code COL
11. Pursuan	to the provisi	ons of Sections 607.0	502 and 60	7.1508, Florida <b>S</b> ta	tutes, the ab	ove-named corp	poration submits this statement for ition's board of directors. I hereby a state Agent	he purpose	of changing its	s registered
office or	registered age an haqiliar wit	ent, or both, in the Sta n, and accept the put	te of Floric igations of	ia. Such change wa , Section 607.050 <b>5.</b> •	is authorized Florida Stati	t by the corporat	ion's board of directors. I hereby a	ccept the ap	pointment as	registered
SIGNATURE	/ ) <i>(</i> )/	en B. 14	201	I.	aren B.	Kozar, As	Its Agent		ു.	17.98
		r printed harne of registered a	<b>X</b>			Agent signature requi		DATE		
12. TITLE	PASD	OFFICERS A	ND DIREC	DELETE	13.	In	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR:	S IN 12
NAME	1	, STEPHEN P.		Dittil	1.2 NA	" P	ephen P. Griggs		Citalife	AQQIIIOII
STREET ADDRESS		3. MCLEOD RD #F				REET ADDRESS	de la committe			
CITY-ST-ZIP	ORLANG					Y-ST-ZIP				
TITLE	ŜTD			DELETE	2.1 TIT		<del></del>	<del></del>	Change	<b>✓</b> Addition
NAME	IRISH, F	EBECCA R.			2.2 NA		net L. Ziomet. S.	1		
STREET ADDRESS	4506 L.I	B. MCLEOD RD #F			2.3 STI			hite F		
CITY-ST-ZIP	ORLAN	O FL			2.4 CI	TY-ST-ZIP	rlands, FL 32811			
TITLE	T T			DELETE	3.1 TIT				Change	Addition
NAME					3 2 NA	we $  u  angle$	Scott Movell	9 11 -	_	
STREET ADDRESS					3351		106 L.B. McLeod Rd,	Su te t		
CITY-ST-ZIP				<u> </u>			rlando, FL 32811			
TITLE				☐ DELET <b>e</b>	4.1 1(1		lare hevin		Change	Addition
NAME					4. 2 NA	ME TT				
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	<u> </u>			nciste	4.4 CIT	Y-ST-ZIP	ous Red Run Blud. Wings Wills, MD &	וווין	O Changa	13 Addison
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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 eath; 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.

1/20/00

1 2 1



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

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

ANNUAL REPORT FILING

NAME:

SOUTHERN IV THERAPY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS: