## 2001 UNIFORM BUSINESS REPORT (UBR)

<b>200</b> 1		# P930000								(U)
1. Entity Name SOUTHERN IV THERAPY, INC.						FILED			J	
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- Principal Plac		S	Mailing Address	•						
506 L.B. MCLEOD RD STE F DRLANDO FL 32811		POB 53-6576 ORLANDO FL 32853-6576			TA	ECRETARY LUAHASSE	E. FLORIC	A		
2600 Te	chnolog	∰SDr.	P.MO: B6% 53-65	76						
Sû <b>ite 30</b> 0 etc.			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPACE	CE	
Orlande	ę FL		Orlando, FL			4. FEI Number	59-3204556	<u>خ.                                    </u>		plied For
32804		c₀ <b>⊍\$A</b>	32853-6576	USAtry		5. Certificate of	Status Desired		.75 Add Required	
	6. Name	and Address of Current R	egistered Agent			7. Name and Ac	Idress of New Ro		<u> </u>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Str	Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code					
									ZID JOS	<b>.</b>
	e named entity	y submits this statement for	he purpose of changing its			d agent, or both, i	in the State of Flo		ZIP DO	<b>.</b>
8. The above		y submits this statement for or printed name of registered agent an		egistered off			in the State of Flo		210	
SIGNATURE  9. This corporate filing	ignature, typed or ation is elig requirement a	or printed name of registered agent an	title if applicable. (NOTI  FILE NOW!  After MAY 1, 20	egistered off  Registered Agen  FEE IS \$ 11 Fee will	fice or registere  at signature required w  150.00  be \$550.00	then reinstating)  10. Elective  Trust	in the State of Flo on Campaign Fin Fund Contribution	DATE ancing	\$5.0	O May Be to Fees
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4/20/2001

(407) 822-4600

SIGNATORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR

SIGNATURE:

Date

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE :

155825

7120726

AUTHORIZATION

COST LIMIT : \$ 550.0

ORDER DATE: May 18, 2001

ORDER TIME : 2:22 PM

ORDER NO. : 155825-065

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn

Rotech Medical Corporation

Suite 300

2600 Technology Drive Orlando, FL 32804

## ANNUAL REPORT FILING

NAME: SOUTHERN IV THERAPY, INC.

XXX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: