

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000077268

1. Entity Name
CHARLOTTE MEDICAL SUPPLY, INC.

FILED

02 APR 23 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2600 TECHNOLOGY DRIVE
STE. 300
ORLANDO FL 32804**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3208925**

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

DO NOT WRITE IN THIS SPACE

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 _____ (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. ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINEHAN, STEPHEN D 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK RD SPARKS MD 21152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS MD 21152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005327310--8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Rebecca L. Myers 2600 Technology Dr. Ste 300 Orlando FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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 4/19/02 407-822-4600 x4799

SIGNATURE AND TITLE: _____ OFFICER OR DIRECTOR

CR2E034 (9/01)

2022



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:01 PM

ORDER NO. : 542010-110

CUSTOMER NO: 7120726

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

ANNUAL REPORT FILING

NAME: CHARLOTTE 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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____

RECEIVED
02 APR 23 PM 1:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA