

2001 UNIFORM BUSINESS REPORT (UBR)

1062 048271

DOCUMENT # P94000007326

1. Entity Name

WOMEN'S HEALTH CARE SERVICES, INC.

FILED

01 MAY 18 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4506 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811

Mailing Address

P.O. BOX 53-6576
ORLANDO FL 32853-6576

2. Principal Place of Business

2600 Technology Dr.

3. Mailing Address

P.O. Box 53-6576

Suite 300

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-3223055

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 LB MCLEOD RD., STE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE P
NAME Stephen D. Linehan
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE VP
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME 2600 Technology Dr., Suite 300
STREET ADDRESS Orlando, FL 32804 ☒ Change ☐ Addition

TITLE S
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME 2600 Technology Dr., Suite 300
STREET ADDRESS Orlando, FL 32804 ☒ Change ☐ Addition

TITLE D
NAME LEVIN, MARC
STREET ADDRESS 910 RIDGEBROOK ROAD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE
NAME 300004272163--6
STREET ADDRESS ☐ Change ☐ Addition

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 910 RIDGEBROOK ROAD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Delete

TITLE
NAME ☐ 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

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

2012



ACCOUNT NO. : 072100000032

REFERENCE : 155825 7120726

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 550.00

ORDER DATE : May 18, 2001

ORDER TIME : 2:18 PM

ORDER NO. : 155825-040

CUSTOMER NO: 7120726

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF LEGAL ATTACHMENTS

2001 MAY 18 PM 3:18

TO ACHIEVE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: WOMEN'S HEALTH CARE SERVICES,
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: _____