

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


APPROVED  
AND  
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98 FEB 17 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000009054 (5)**  
1. Corporation Name  
**NATIONAL MEDICINE CENTER-AUBURNDALE, INC.**

Principal Place of Business

Mailing Address

**205 E. LAKE AVE.  
AUBURNDALE FL 33823**

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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>01/25/1994</b>	
4. FEI Number <b>59-3223098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIGGS, STEPHEN P  
4506 L.B. MCLEOD RD, SUITE F  
ORLANDO FL 32811**

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 607.07(2) 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rizer* **Karen B. Rizer As Its Agent** DATE **2-17-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>VP</b>
NAME	<b>GRIGGS, STEPHEN P</b>	1.2 NAME	<b>Janet L. Ziomek</b>
STREET ADDRESS	<b>4506 L.B. MCLEOD RD, SUITE F</b>	1.3 STREET ADDRESS	<b>4506 L.B. McLeod Rd., Suite F</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
TITLE	<b>STD</b>	2.1 TITLE	<b>S</b>
NAME	<b>IRISH, REBECCA R</b>	2.2 NAME	<b>n. Scott Novell</b>
STREET ADDRESS	<b>4506 L.B. MCLEOD RD, SUITE F</b>	2.3 STREET ADDRESS	<b>4506 L.B. McLeod Rd., Suite F</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
TITLE		3.1 TITLE	<b>D</b>
NAME		3.2 NAME	<b>Marcelvin</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE		4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>Marshall Elkins</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizito*

ORDER DATE : February 16, 1998

ORDER TIME : 10:07 AM

ORDER NO. : 708230-360

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson  
Rotech Medical Corporation  
Suite F  
4506 L B Mcleod Road  
Orlando, FL 32811

RECEIVED  
98 FEB 17 PM 12:20  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NATIONAL MEDICINE  
CENTER-AUBURNDALE, 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:

*A. Alar*  
*2/17/98*