

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009054

1. Entity Name

NATIONAL MEDICINE CENTER-AUBURNDALE, INC.

Principal Place of Business

Mailing Address

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

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

FILED

01 APR 26 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

4. FEI Number 59-3223098

Applied For  
Not Applicable

32804

USA

32853-6576

USA

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.

(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.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GRIGGS, STEPHEN P  
STREET ADDRESS 4506 L.B. MCLEOD RD, SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

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

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

TITLE  
NAME  
STREET ADDRESS 2600 Technology Dr., Suite 300  
CITY-ST-ZIP Orlando, FL 32804

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

TITLE  
NAME  
STREET ADDRESS 2600 Technology Dr., Suite 300  
CITY-ST-ZIP Orlando, FL 32804

TITLE D  
NAME LEVIN, MARC  
STREET ADDRESS 911 RIDGEBROOD ROAD  
CITY-ST-ZIP SPARKS GLENCOE MD 21152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

4/20/2001

(407) 822-4600

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



*pg 2 of 2*

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:22 PM

ORDER NO. : 129440-085

CUSTOMER NO: 7120726

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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 26 PM 3:12  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: \_\_\_\_\_