

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000010751 (3)

1. Corporation Name  
BIOCARE MEDICAL, INC.

Principal Place of Business

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

Mailing Address

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

98 FEB 17 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

59-3221396

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.  
4506 LB MCLEOD ROAD  
SUITE F  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

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 607.0502 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. Rozar* Karen B. Rozar, As Its Agent DATE 2-17-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
STD	IRISH, REBECCA R.	4506 L.B. MCLEOD ROAD, SUITE F	ORLANDO FL	<input checked="" type="checkbox"/>
PASD	GRIGGS, STEPHEN P.	4506 L.B. MCLEOD ROAD, SUITE F	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
				D/P	Stephen P. Griggs			VP	Janet L. Ziomek	4506 L.B. McLeod Rd., Suite F	Orlando, FL 32811	S	n. Scott Novell	4506 L.B. McLeod Rd., Suite F	Orlando, FL 32811	D	Marc Levin	10065 Red Run Blvd.	Owings Mills, MD 21117	D	Marshall Elkins	10065 Red Run Blvd.	Owings Mills, MD 21117

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 :

*Patricia Pygott*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:36 AM

ORDER NO. : 708230-210

CUSTOMER NO: 7120726

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

RECEIVED  
98 FEB 17 AM 10:49  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: BIOCARE MEDICAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JANNA WILSON

EXAMINER'S INITIALS:

*A. Alan*  
*2/17/98*