

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010751

1. Entity 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**

2. Principal Place of Business
**2600 Technology Dr.
Suite, Apt. #, etc.
Suite 300**

3. Mailing Address
**P.O. Box 53-6576
Suite, Apt. #, etc.**

City & State
Orlando FL

City & State
Orlando FL

Zip Country
32804 USA

Zip Country
32853-6576 USA

4. FEI Number **59-3221396**

Applied For
☐ Not Applicable

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

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 _____
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIOMEK, JANET L	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOVELL, N. SCOTT	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, MARC	
STREET ADDRESS	910 RIDGEWOOD RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, MARSHALL	
STREET ADDRESS	910 RIDGEWOOD ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen D. Linahan	
STREET ADDRESS	2600 Technology Dr. Suite 300	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 Technology Dr. Suite 300	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 Technology Dr., Suite 300	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001
Date

407-822-4600
Daytime Phone #

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FILED

01 APR 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION :

Patricia Reguete

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 12:19 PM

ORDER NO. : 129440-040

CUSTOMER NO: 7120726

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 26 PM 3:13
NOT REPLIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: