

2001 UNIFORM BUSINESS REPORT (UBR)

98172 0482775

DOCUMENT # P94000010846

1. Entity Name

PRIMARY HOME HEALTH CARE, INC.

FILED

01 MAY -8 PM 1:35

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

2600 Technology Dr.

P. O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-3223054

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 !! 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	DP	<input type="checkbox"/> Delete
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L. B. MCLEOD RD 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 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, MARSHALL	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Stephen D. Linehan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP		
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		
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: of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

18292



ACCOUNT NO. : 072100000032

REFERENCE : 142468 7120726

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 550.00

RECEIVED
01 MAY -8 AM 11:28
DIVISION OF CORPORATION

ORDER DATE : May 8, 2001

ORDER TIME : 10:40 AM

ORDER NO. : 142468-030

CUSTOMER NO: 7120726

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

ANNUAL REPORT FILING

NAME: PRIMARY HOME HEALTH CARE, 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: _____