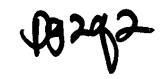
2001 UNIFORM BUSINESS REPORT (UBR)

DOGUMÊNT # **P94000010846** PRIMARY HOME HEALTH CARE, INC. 01 MAY -8 PM 1: 35 SEGRETARY FOR STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 4506 L. B. MCLEOD RD P O BOX 53-6576 SUITE F ORLANDO FL 32853-6576 ORLANDO FL 32811 P. MOJin Brox 53-6576 2600 Technology Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 etc. Orlande: FL Orlande: FL 4. FEI Number Applied For 59-3223054 Not Applicable 32804 co**USA** 32853-6576 **USA**try \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FI 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. (NOT Registered Agent's gnature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criter a on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE Delete Stephen D. Linehan TITLE GRIGGS, STEPHEN P 2600 Technology Dr., Suite 300 NAME NAME 4506 L. B. MCLEOD RD SUITE F STREET ADDRESS STREET ADDRESS Orlando, FL 32804 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32811 Change ☐ Addition ☐ Delete TITLE TITLE ZIOMEK, JANET L NAME NAME 2600 Technology Dr., Suite 300 4506 L.B. MCLEOD RD., SUITE F STREET ADDRESS STREET ADDRESS Orlando, FL 32804 CITY-ST-ZIP CITY-ST-7E ORLANDO FL 32811 Change Addition ☐ Delete TITLE TITLE NOVELL, N. SCOTT NAME NAME 4506 L.B. MCLEOD RD., SUITE F STREET ADDRESS 2600 Technology Dr., Suite 300 STREET ADDRESS CITY-ST-ZIP Orlando, FL 32804 ORLANDO FL 32811 CITY-ST-ZIP Change Addition TITLE THLE ☐ Delete LEVIN, MARC NAME NAME 900004162909 910 RIDGEBROOK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPARKS MD 21152 Change ☐ Addition ☐ Delete TITLE ELKINS, MARSHALL NAME 910 RIDGEBROOK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPARKS MD 21152 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that: by 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 is 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.

SMATUR AND TYPED OR PRINTED MARKE OF SIGNING OFFICER R DIRECTOR Date Daytime Phone #

SIGNATURE:

CR2E034 (10/00)





ACCOUNT NO. : 072100000032

REFERENCE :

142468

7120726

AUTHORIZATION

COST LIMIT : \$ 550.00

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	KEPOKI

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS:

DIVISION OF CORPORATION