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

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PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 FEB 17 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010847 (9)**

1. Corporation Name
**SELECT HOME HEALTH CARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4506 L. B. MCLEOD RD<br>SUITE F<br>ORLANDO FL 32811 | P O BOX 53-6576<br>ORLANDO FL 32853-6576 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 59-3223150 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| GRIGGS, STEPHEN P.<br>4506 LB MCLEOD RD<br>SUITE F<br>ORLANDO FL 32811 | 81 Name: Corporation Service Company<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 120 Hays Street<br>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** — 2-17-98
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | STD | ☑ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | IRISH, REBECCA R. | | 1.2 NAME | | |
| STREET ADDRESS | 4506 L. B. MCLEOD RD SUITE F | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | |
| | | | | 500002433035---4 | |
| TITLE | PASD | ☐ DELETE | 2.1 TITLE | D/P | ☑ Change ☐ Addition |
| NAME | GRIGGS, STEPHEN P. | | 2.2 NAME | Stephen P. Griggs | |
| STREET ADDRESS | 4506 L.B. MCLEOD RD, STE F | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | VP | ☐ Change ☑ Addition |
| NAME | | | 3.2 NAME | Janet L. Ziomek | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 4506 L.B. Mcleod Rd., Suite F | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Orlando, FL 32811 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | S | ☐ Change ☑ Addition |
| NAME | | | 4.2 NAME | R. Scott Norvell | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 4506 L.B. Mcleod Rd., Suite F | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Orlando, FL 32811 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | | 5.2 NAME | Marc Levin | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 10065 Red Run Blvd. | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Owings Mills, MD 21117 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | | 6.2 NAME | Marshall Elkins | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 10065 Red Run Blvd. | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Owings Mills, MD 21117 | |

YB 2-17-98

CR2E034 (10/97)

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.

SIGNATURE: [signature] 1/28/98 407-841-2115

2052

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

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ORDER DATE : February 16, 1998

ORDER TIME : 10:30 AM

ORDER NO. : 708230

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 11:32
DIVISION OF CORPORATION

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CHANGE OF AGENT

NAME: SELECT HOME HEALTH CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

2-17-98