

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

APPROVED
AND
FILED

Pg. 1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

98 FEB 17 PM 3:40

DOCUMENT # P94000042162 (5)

1. Corporation Name

BROOKSVILLE PRIMARY CARE CLINIC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

59-3250389

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title, if applicable

Karen B. Rozar, As Its Agent

DATE

2-17-98

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME PASO
STREET ADDRESS GRIGGS, STEPHEN P
CITY-ST-ZIP 4506 L.B. MCLEOD ROAD, SUITE F
ORLANDO FL

TITLE NAME ☒ DELETE

NAME STD
STREET ADDRESS IRISH, REBECCA R
CITY-ST-ZIP 4506 L.B. MCLEOD ROAD, SUITE F
ORLANDO FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P
Stephen P. Griggs

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP
Janet L. Ziomet
2.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
2.4 CITY-ST-ZIP Orlando, FL 32811

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S
h. Scott Novell
3.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
3.4 CITY-ST-ZIP Orlando, FL 32811

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
Marc Levin
4.3 STREET ADDRESS 10065 Red Run Blvd.
4.4 CITY-ST-ZIP Owings Mills, MD 21117

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D
Marshall Elkins
5.3 STREET ADDRESS 10065 Red Run Blvd.
5.4 CITY-ST-ZIP Owings Mills, MD 21117

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 000002432950--0

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]

1/28/98 402 241 2115

CR2E034 (10/97)

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ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:37 AM

ORDER NO. : 708230-215

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: BROOKSVILLE PRIMARY CARE
CLINIC, 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