

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042162

1. Entity Name  
**BROOKSVILLE PRIMARY CARE CLINIC, INC.**

FILED

01 APR 26 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4506 L.B. MCLEOD ROAD, SUITE F ORLANDO FL 32811</b>	Mailing Address <b>P.O. BOX 53-6576 ORLANDO FL 32853-6576</b>
Principal Place of Business <b>2600 Technology Dr.</b>	Mailing Address <b>P.O. Box 53-6576</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc.

City <b>Orlando, FL</b>	State <b>FL</b>	4. FEI Number <b>59-3250389</b>	Applied For <input type="checkbox"/> Not Applicable
County <b>32804</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GRIGGS, STEPHEN P 4506 L.B. MCLEOD ROAD, SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700004082327-3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

(407) 822-4600

Date Daytime Phone #

CR2E034 (10/00)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 12:23 PM

ORDER NO. : 129440-050

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 INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: