

# 2002 UNIFORM BUSINESS REPORT (UBR)

0111962 AV

*1 of 2*

**DOCUMENT # P94000042162**  
 1. Entity Name  
**BROOKSVILLE PRIMARY CARE CLINIC, INC.**

**FILED**

**02 APR 23 PM 4:11**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**2600 TECHNOLOGY DR., STE. 300  
 ORLANDO FL 32804**

Mailing Address  
**P.O. BOX 53-6576  
 ORLANDO FL 32853-6576**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3250389**  
 Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LINEHAN, STEPHEN D</b> <b>2600 TECHNOLOGY DR., STE. 300</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZIOMEK, JANET L</b> <b>2600 TECHNOLOGY DR., STE. 300</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NOVELL, N. SCOTT</b> <b>2600 TECHNOLOGY DR., STE. 300</b> <b>ORLANDO FL 32804</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVIN, MARC</b> <b>910 RIDGEBROOK ROAD</b> <b>SPARKS GLENCOE MD 21152</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELKINS, MARSHALL</b> <b>910 RIDGEBROOK ROAD</b> <b>SPARKS GLENCOE MD 21152</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>000005327750--5</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition <b>S/D</b> <b>Rebecca L. Myers</b> <b>2600 Technology Dr, Ste 300</b> <b>Orlando, FL 32804</b>

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:** Rebecca L. Myers **4/19/02** **407.822.4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)

287



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 1:08 PM

ORDER NO. : 542010-420

CUSTOMER NO: 7120726

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

RECEIVED  
02 APR 23 PM 2:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_