

2001 UNIFORM BUSINESS REPORT (UBR)

1082 0482742

DOCUMENT # P94000042167

1. Entity Name
CYNTHIANA HOME MEDICAL EQUIPMENT, INC.

FILED
01 MAY 11 PM 4:21
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

2600 Technology Dr. P.O. Box 53-6576

Suite 300 etc. Suite, Apt. #, etc.

Orlando, FL Orlando, FL

32804 Co USA 32853-6576 USA

4. FEI Number 59-3250409 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Signature, typed or printed name of registered agent and title if applicable (NOT) 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) FILE NOW! After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Stephen D. Linehan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN P		NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F		STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIOMEK, JANET L		NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F		STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELL, N. SCOTT		NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F		STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARK		NAME	0000004212580--7	
STREET ADDRESS	910 RIDGEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	SPARKS GLENCOE MD 21152		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL		NAME		
STREET ADDRESS	910 RIDGEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	SPARKS GLENCOE MD 21152		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 147611 7120726

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pigato

ORDER DATE : May 11, 2001

ORDER TIME : 12:29 PM

ORDER NO. : 147611-085

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 MAY 11 PM 12:57
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: CYNTHIANA HOME MEDICAL
EQUIPMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____