

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

10/2

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000049314 (5)

1. Corporation Name

ETA HOME HEALTH CARE, INC.

Principal Place of Business

4506 L.B. MCLEOD RD., STE. F
ORLANDO FL 32811

Mailing Address

P.O. BOX 53-6576
ORLANDO FL 32853-6576

FILED

98 FEB 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

59-3272065

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

GRIGGS, STEPHEN P.
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

Corporation Service Company
1701 Hays Street
Tallahassee FL 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 file if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

Karen B. Rozar, As Its Agent

2-17-98

12. OFFICERS AND DIRECTORS

TITLE PASD ☐ DELETE

NAME GRIGGS, STEPHEN P.
STREET ADDRESS 4506 L.B. MCLEOD RD., STE. F
CITY-ST-ZIP ORLANDO FL

TITLE STD ☒ DELETE

NAME IRISH, REBECCA R
STREET ADDRESS 4506 L.B. MCLEOD RD., STE. F
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME Stephen P. Griggs

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition

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

3.1 TITLE S ☐ Change ☒ Addition

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

4.1 TITLE D ☐ Change ☒ Addition

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

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002433006--4

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]

1/28/98 207-241-2115

CR2E034 (10/97)

2082



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:53 AM

ORDER NO. : 708230-260

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

DIVISION OF CORPORATION

98 FEB 17 AM 11:34

RECEIVED

ANNUAL REPORT FILING

NAME: ETA HOME HEALTH CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

JB
2-8-98