

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 JAN 17 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P95000059435



1. Entity Name
STAT MEDICAL EQUIPMENT, INC.

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3334411**

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 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LINEHAN, STEPHEN D
2600 TECHNOLOGY DRIVE, STE. 300
ORLANDO FL 32804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Philip L Carter
2600 Technology Dr., 300
Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ZIOMEK, JANET L
2600 TECHNOLOGY DRIVE, STE. 300
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500010198485 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MYERS, REBECCA L
2600 TECHNOLOGY DRIVE, STE. 300
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/03 407.822.4600x4799
Date Daytime Phone #

CR2E034 (10/02)



Zeel 2

ACCOUNT NO. : 072100000032
REFERENCE : 897812 7355325
AUTHORIZATION : Patricia Pizuto
COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003
ORDER TIME : 11:59 PM
ORDER NO. : 897812-255
CUSTOMER NO: 7355325
CUSTOMER: Gina Deloach
Rotech Healthcare, Inc.
Suite 300
2600 Technology Drive
Orlando, FL 32804

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STAT 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: Sara Lea-EXT#1114

EXAMINER'S INITIALS: