2001 UNIFORM BUSINESS REPORT (UBR)

1082

0068583

DOCUMENT # P95000092789

1. Entity Name

RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.

FILED

01 MAY 18 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4506 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811	4506 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE LS

Principal Place of Business	Mailing Address
2600 Technology Dr.	P.O. Box 53-6576
Suite 300 (Suite, Apt. #, etc.)	Suite, Apt. #, etc.
Orlando (City) FL	Orlando (City) FL
32804 (Zip Code) USA (Country)	32853-6576 USA (Zip Code / Country)

4. FEI Number 59-3345258 ☐ Applied For ☐ Not Applicable

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOT Registered Agent's 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) X

FILE NOW !! FEE IS $150.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIGGS, STEPHEN P 4506 L.B. MCLEOD ROAD, SUITE F ORLANDO FL 32811	☐ Delete	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, MARC 10065 RD. BLVD. SPARKS GLENCOE MD 21152	☐ Delete	500004272165--9	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, MARSHALL 10065 RED RUN BLVD. SPARKS GLENCOE MD 21152	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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.

4/20/2001 (407) 822-4600

SIGNATURE: _____ R DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

292

ACCOUNT NO. : 072100000032

REFERENCE : 155825 7120726

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : May 18, 2001

ORDER TIME : 2:16 PM

ORDER NO. : 155825-025

CUSTOMER NO: 7120726

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

ANNUAL REPORT FILING

NAME: RESPIRATORY MEDICAL EQUIPMENT
OF GA, 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: _____