SIGNATURE: SIGNATURE and TYPED OF PRINTED NAME OF

changed, or on an attachment with an address, with all other like empowered

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

(407) 822-4600

Date

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE : 147611

7120726

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE: May 11, 2001

ORDER TIME : 12:30 PM

ORDER NO. : 147611-095

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn

Rotech Medical Corporation

Suite 300

2600 Technology Drive Orlando, FL 32804

ANNUAL REPORT FILING

NAME: COASTAL SURGICAL, INC.

XX_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: