1002

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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000008849 (7)**

1. Corporation Name
OMEGA MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4506 L.B. MCLEOD RD SUITE F ORLANDO FL 32811	P.O. BOX 53-6576 ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3366772 ☐ 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: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 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: Karen B. Payne **Karen B. Payne, As Its Agent** 2.17.98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAS	☐ DELETE	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	GRIGGS, STEPHEN P		1.2 NAME	Stephen P. Griggs	
STREET ADDRESS	4506 L.B. MCLEOD RD SUITE F		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	ST	☑ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	IRISH, REBECCA R		2.2 NAME	Janet L. Ziomek	
STREET ADDRESS	4506 L.B. MCLEOD RD SUITE F		2.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME			3.2 NAME	N. Scott Novell	
STREET ADDRESS			3.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	Mara Levin	
STREET ADDRESS			4.3 STREET ADDRESS	10065 Red Run Blvd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	Marshall Elkins	
STREET ADDRESS			5.3 STREET ADDRESS	10065 Red Run Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Owings Mills, MD 21117	2-17-98
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	100002433031--7	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: 1/28/98 407-841-2345

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:10 AM

ORDER NO. : 708230-375

CUSTOMER NO: 7120726

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

98 FEB 17 AM 11:32
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: OMEGA 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: JANNA WILSON

EXAMINER'S INITIALS: JB 2-17-98