

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000008849

1. Entity Name

OMEGA MEDICAL EQUIPMENT, INC.

FILED

01 MAY -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4506 L.B. MCLEOD RD SUITE F
ORLANDO FL 32811

Mailing Address

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

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-3366772

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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)

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

TITLE DP
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE VP
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE S
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE D
NAME LEVIN, MARC
STREET ADDRESS 910 RIDGEBROOK ROAD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 910 RIDGEBROOK ROAD
CITY-ST-ZIP SPARKS GLENCOE MD 21152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Stephen D. Linehan
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS 100004162891--7
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 142468 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 550.00

ORDER DATE : May 8, 2001

ORDER TIME : 10:58 AM

ORDER NO. : 142468-070

CUSTOMER NO: 7120726

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

RECEIVED
01 MAY -8 AM 11:29
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: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____