

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

1482

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 FEB 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000008854 (7)
1. Corporation Name
CHI MEDICAL EQUIPMENT, INC.

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

3. Date Incorporated or Qualified: 01/24/1996
4. FEI Number: 59-3374206
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

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: GRIGGS, STEPHEN P, 4506 LB MCLEOD RD SUITE F, ORLANDO FL 32811

10. Name and Address of New Registered Agent: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 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. Rozar, As Its Agent, DATE: 2-17-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD	1.1 TITLE	D/P
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	STD	2.1 TITLE	VP
NAME	IRISH, REBECCA R	2.2 NAME	Jaret 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		3.1 TITLE	S
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		4.1 TITLE	D
NAME		4.2 NAME	Marc Kevin
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		5.1 TITLE	D
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
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)

202



ACCOUNT NO. : 072100000032
 REFERENCE : 708230 7120726
 AUTHORIZATION : *Patricia Pizut*
 COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998
 ORDER TIME : 10:17 AM
 ORDER NO. : 708230-420
 CUSTOMER NO: 7120726
 CUSTOMER: Ms. Dawn Anderson
 Rotech Medical Corporation
 Suite F
 4506 L B Mcleod Road
 Orlando, FL 32811

RECEIVED
 98 FEB 17 AM 11:32
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: CHI 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: _____