

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

APPROVED
AND
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98 FEB 17 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008863 (8)**

1. Corporation Name

UPSILON 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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/24/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3367145	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Not Acceptable) **1201 Hay Street**
83 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. Rozar*

Karen B. Rozar, 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 <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRISH, REBECCA R	2.2 NAME	Janet L. Ziomet
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	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marc Levin
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Karen B. Rozar

1/28/98 4506 L.B. MCLEOD RD SUITE F

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:42 AM

ORDER NO. : 708230-120

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 10:50
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: UPSILON 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: Jeanine Glisar

EXAMINER'S INITIALS:

A. Alan
2/17/98