

# 2002 UNIFORM BUSINESS REPORT (UBR)

0111954 AV

192

FILED

02 APR 23 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P96000008863

**1. Entity Name**  
UPSILON MEDICAL EQUIPMENT, INC.

**Principal Place of Business**  
2600 TECHNOLOGY DRIVE, STE. 300  
ORLANDO FL 32804

**Mailing Address**  
P.O. BOX 53-6576  
ORLANDO FL 32853-6576

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 59-3367145

**Applied For**  
☐ Not Applicable

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

**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** \_\_\_\_\_ (NOTE: Registered Agent 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINEHAN, STEPHEN D 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 2600 TECHNOLOGY DRIVE, STE. 300 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005327740--6 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Rebecca L. Myers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2600 Technology Dr. Ste. 300 Orlando, FL 32804

**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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **4/19/02 407.822.4600 x**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone** 4799

CR2E034 (9/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 1:04 PM

ORDER NO. : 542010-400

CUSTOMER NO: 7120726

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

RECEIVED  
02 APR 23 PM 2:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE MS  
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_