

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

DOCUMENT # P96000008881 (0)

1. Corporation Name

RHO 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

10/2
FILED

98 FEB 17 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3374203

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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)
83 1201 Hays Street
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. Rozar, As Its Agent

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 PASD
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F
CITY-ST-ZIP ORLANDO FL

DELETE

1.1 TITLE D/P
1.2 NAME Stephen P. Griggs
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE STD
NAME IRISH, REBECCA R
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F
CITY-ST-ZIP ORLANDO FL

DELETE

2.1 TITLE VP
2.2 NAME Janet L. Ziomek
2.3 STREET ADDRESS 4506 L.B. McLeod Rd., Suite F
2.4 CITY-ST-ZIP Orlando, FL 32811

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME M. Scott Novell
3.3 STREET ADDRESS 4506 L.B. McLeod Rd., Suite F
3.4 CITY-ST-ZIP Orlando, FL 32811

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME Marc Levin
4.3 STREET ADDRESS 10065 Red Run Blvd.
4.4 CITY-ST-ZIP Owings Mills, MD 21117

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME Marshall Elkins
5.3 STREET ADDRESS 10065 Red Run Blvd.
5.4 CITY-ST-ZIP Owings Mills, MD 21117

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

100002433021--8

2-17-98

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

[Signature]

1/28/00 407-841-2115

CR2E034 (10/97)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia P. Pitt*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 8:46 AM

ORDER NO. : 708230

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 11:33
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: RHO MEDICAL EQUIPMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

JP
2-17-98