## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000008881

RHO MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9.

P.O. BOX 53-6576

3. Mailing Address

City & State

Suite, Apt. #, etc.

ORLANDO FL 32853-6576

## FILED Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90016 005 \*\*\*150.00



DATE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Name				
Street Address (P.O. Bo	ox Number is Not A	Acceptable)	 	-

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Zip Code City

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.

Country

(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00	
Tax filing requirement and elects to do so.	- 1	After MAY 1, 2000 Fee will be \$550.00
(See criteria on back)	- 1	Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5,00** May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GRIGGS, STEPHEN P NAME NAME 4506 L.B. MCLEOD RD SUITE F STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZiP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE TITLE ZIOMEK, JANET L NAME NAME 4506 L.B. MCLEOD RD., SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Addition Channe TITLE Delete TITLE NOVELL, N. SCOTT NAME 4506 L.B. MCLEOD RD., SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 X Change Addition TITLE ☐ Delete TITLE LEVIN, MARC NAME 910 Ridgebrook Road 10065 RED RUN BLVD. STREET ADDRESS STREET ADDRESS Sparks, MD 21152 CITY-ST-ZIP OWINGS MILLS MD 21117 CITY-ST-ZIF ☐ Addition Change ח TITLE ☐ Delete TITLE **ELKINS, MARSHALL** 910 Ridgebrook Road 10065 RED RUN BLVD. STREET ADDRESS STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP Sparks, MD 21152 CITY-ST-ZIF ☐ Defete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

. Scott Novell 2/14/00