

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008881

1. Entity Name

RHO 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

FILED

01 APR 26 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 Technology Dr.

3. Mailing Address
P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

4. FEI Number 59-3374203

Applied For

Not Applicable

32804

USA

32853-6576

USA

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

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F
CITY-ST-ZIP ORLANDO FL 32811

TITLE VP ☐ Delete
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

TITLE S ☐ Delete
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ Delete
NAME LEVIN, MARC
STREET ADDRESS 910 RIDGEBROOK RD
CITY-ST-ZIP SPARKS GLENCOE MD 21152

TITLE D ☐ Delete
NAME ELKINS, MARSHALL
STREET ADDRESS 910 RIDGEBROOK RD
CITY-ST-ZIP SPARKS GLENCOE MD 21152

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Stephen D. Linehan ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 Technology Dr., Suite 300
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000004082330--4

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

(407) 822-4600

Date

Daytime Phone #

CR2E034 (10/00)



Bozell 2

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 12:26 PM

ORDER NO. : 129440-060

CUSTOMER NO: 7120726

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 26 PM 3:13
NOT INCLUDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: RHO 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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: