

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

1962

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 17 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000008890 (1)**

1. Corporation Name

OMICRON 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**

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3374215

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GRIGGS, STEPHEN P.
4506 L B 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)

1201 HAYS STREET

83

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

Karen B. Rozar, As Its Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-98

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**PASD
GRIGGS, STEPHEN P
4506 L.B. MCLEOD RD SUITE F
ORLANDO FL**

TITLE NAME ☒ DELETE

**STD
IRISH, REBECCA R
4506 L.B. MCLEOD RD SUITE F
ORLANDO FL**

TITLE NAME ☐ DELETE

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**D/P
Stephen P. Griggs**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

**VP
Janet L. Ziomek
4506 L.B. Mcleod Rd., Suite F
Orlando, FL 32811**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

**S
n. Scott Novell
4506 L.B. Mcleod Rd., Suite F
Orlando, FL 32811**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

**D
Marc Levin
10065 Red Run Blvd.
Owings Mills, MD 21117**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

**D
Marshall Elkins
10065 Red Run Blvd.
Owings Mills, MD 21117**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

900002433029--3

982-17-98

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

Karen B. Rozar

Karen B. Rozar

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pigut

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:11 AM

ORDER NO. : 708230-380

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 11:32
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: OMICRON 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: JANNA WILSON

EXAMINER'S INITIALS:

JB
2-17-98