

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008902

1. Entity Name

KAPPA 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

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number 59-3367142

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #

FILED

01 APR 26 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



B2al2

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:34 PM

ORDER NO. : 129440-120

CUSTOMER NO: 7120726

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 26 PM 3:12
NOT NEEDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: KAPPA 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: *[Signature]*