

2001 UNIFORM BUSINESS REPORT (UBR)

1062 6-758

DOCUMENT # P96000047341

1. Entity Name
CENTENNIAL MEDICAL EQUIPMENT, INC.

FILED

01 MAY 11 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 59-3406826 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. (NOT Registered Agent's 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 LB MCLEOD ROAD 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		☒ Change ☐ Addition
NAME	Stephen D. Linehan	
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		
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report, 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 / DIRECTOR

4/20/2001 (407) 822-4600

Date Daytime Phone #

CR2E034 (10/00)

2052



ACCOUNT NO. : 072100000032

REFERENCE : 147611 7120726

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 550.00

ORDER DATE : May 11, 2001

ORDER TIME : 12:33 PM

ORDER NO. : 147611-110

CUSTOMER NO: 7120726

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

NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAY 11 PM 12:56

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ANNUAL REPORT FILING

NAME: CENTENNIAL 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: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____