

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

98 FEB 17 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047345 (9)

1. Corporation Name

AMBASSADOR MEDICAL EQUIPMENT, INC.



Principal Place of Business

4508 LB MCLEOD RD. SUITE F  
ORLANDO FL 32811

Mailing Address

P.O. BOX 53-6576  
ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

59-3402224

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

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P  
4508 L M MCLEOD ROAD  
STE #F  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Corporation Service Company  
1201 Hays Street

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Karen B. Rozar, As Its Agent

2-17-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GRIGGS, STEPHEN P  
STREET ADDRESS 4508 LB MCLEOD RD, SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☒ DELETE  
NAME IRISH, REBECCA R  
STREET ADDRESS 4508 LB MCLEOD RD, SUITE F  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D / P ☒ Change ☐ Addition  
1.2 NAME Stephen P. Griggs  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE YP ☐ Change ☒ Addition  
2.2 NAME Janet L. Ziomek  
2.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F  
2.4 CITY-ST-ZIP Orlando, FL 32811

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME n. Scott Novell  
3.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F  
3.4 CITY-ST-ZIP Orlando, FL 32811

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Marc Levin  
4.3 STREET ADDRESS 10065 Red Run Blvd.  
4.4 CITY-ST-ZIP Owings Mills, MD 21117

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Marshall Elkins  
5.3 STREET ADDRESS 10065 Red Run Blvd.  
5.4 CITY-ST-ZIP Owings Mills, MD 21117

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *[Signature]*

700002432957--B

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

*Patricia Kizuk*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:46 AM

ORDER NO. : 708230-195

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 10:49  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: AMBASSADOR 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:

*A. Alan*  
*2/17/98*