

# 2001 UNIFORM BUSINESS REPORT (UBR)

*pg 1 of 2*

DOCUMENT # P96000047345

1. Entity Name  
**AMBASSADOR MEDICAL EQUIPMENT, INC.**

FILED

01 APR 26 AM 9:34

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**

2. Principal Place of Business  
**2600 Technology Dr  
Suite, Apt. #, etc.  
Suite 300**

3. Mailing Address  
**P.O. Box 53-6576  
Suite, Apt. #, etc.**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **59-3402224**

Applied For  
Not Applicable

Zip Country  
**32804 USA**

Zip Country  
**32853-6576 USA**

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **2600 Technology Dr. suite 300**  
STREET ADDRESS **Orlando, FL 32804**

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

TITLE ☒ Change ☐ Addition  
NAME **2600 Technology Dr. suite 300**  
STREET ADDRESS **Orlando, FL 32804**

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **300004082313--7**

TITLE ☐ Delete  
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

Date

407-822-4600

Daytime Phone #

CR2E034 (10/00)



PO Zeel 2

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 12:13 PM

ORDER NO. : 129440-020

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 INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING.

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS:

*[Handwritten Signature]*