

# 2002 UNIFORM BUSINESS REPORT (UBR)

011941 AV

*10/2*

DOCUMENT # P96000047345

1. Entity Name  
AMBASSADOR MEDICAL EQUIPMENT, INC.

**FILED**

02 APR 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2600 TECHNOLOGY DR., STE. 300  
ORLANDO FL 32804

Mailing Address  
P.O. BOX 53-6576  
ORLANDO FL 32853-6576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 59-3402224

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 \_\_\_\_\_ (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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LINEHAN, STEPHEN D	
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIOMEK, JANET L	
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NOVELL, N. SCOTT	
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, MARC	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELKINS, MARSHALL	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900005327279--B	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca L. Myers	
STREET ADDRESS	2600 Technology Dr. Ste 300	
CITY-ST-ZIP	Orlando, FL 32804	

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]* **Rebecca L. Myers** 4/19/02 407-822-4600 X4799

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/01)



Zeel 2

ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION

*Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 11:53 AM

ORDER NO. : 542010-070

CUSTOMER NO: 7120726

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

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 APR 23 PM 1:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA