

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

1092

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 FEB 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P96000047354 (1)**
1. Corporation Name
REGENCY 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1996**

4. FEI Number: **59-3387515** 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

9. Name and Address of Current Registered Agent: **GRIGGS, STEPHEN P 4506 LB MCLEOD RD SUITE F ORLANDO FL 32811**

10. Name and Address of New Registered Agent: **Corporation Service Company 201 Hays Street Tallahassee FL 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* **Karen B. Rozar, As Its Agent** DATE: **2-17-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN P	1.2 NAME	Stephen P. Griggs
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRISH, REBECCA R	2.2 NAME	Janet L. Ziomek
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	2.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	N. Scott Novell
STREET ADDRESS		3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marc Kevin
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marshall Elkins
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002432898--3
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 1/20/98 407-611-215

CR2E034 (10/97)

202



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

COST LIMIT :

Patricia Pignatelli

ORDER DATE : February 16, 1998

ORDER TIME : 8:45 AM

ORDER NO. : 708230

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 10:48
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: REGENCY MEDICAL EQUIPMENT, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

JB
2-17-98