

# 2001 UNIFORM BUSINESS REPORT (UBR)

*pg 1 of 2*

DOCUMENT # **P96000047354**

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

**FILED**

**01 APR 26 AM 9:21**

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**

Principal Place of Business  
**2600 Technology Dr.**

Mailing Address  
**P. O. Box 53-6576**

Suite **300** etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

4. FEI Number **59-3387515**

Applied For  Not Applicable

**32804** USA

**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

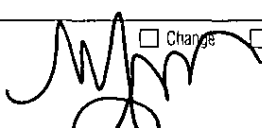
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GRIGGS, STEPHEN P 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 Technology Dr., Suite 300 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVIN, MARC 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004082332--8</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**4/20/2001 (407) 822-4600**

SIGNATURE  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

*By 2/2/2*



ACCOUNT NO. : 072100000032  
REFERENCE : 129440 7120726  
AUTHORIZATION : *Patricia Piguit*  
COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001  
ORDER TIME : 12:28 PM  
ORDER NO. : 129440-065  
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 ATTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: REGENCY 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]*