

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000047354

1. Entity Name
REGENCY MEDICAL EQUIPMENT, INC.

FILED

02 APR 23 PM 4:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




Principal Place of Business Mailing Address

2600 TECHNOLOGY DR., STE. 300 P.O. BOX 53-6576
 ORLANDO FL 32804 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 **59-3387515** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINEHAN, STEPHEN D		NAME	
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIOMEK, JANET L		NAME	
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS	300005327773--4
CITY-ST-ZIP ORLANDO FL 32804		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOVELL, N. SCOTT		NAME	
STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, MARC		NAME	
STREET ADDRESS 910 RIDGEBROOK RD		STREET ADDRESS	
CITY-ST-ZIP SPARKS GLENCOE MD 21152		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELKINS, MARSHALL		NAME	
STREET ADDRESS 910 RIDGEBROOK RD		STREET ADDRESS	
CITY-ST-ZIP SPARKS GLENCOE MD 21152		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Rebecca L. Myers	
STREET ADDRESS		STREET ADDRESS 2600 Technology Dr, Ste 300	
CITY-ST-ZIP		CITY-ST-ZIP Orlando, FL 32804	

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **Rebecca L. Myers** Date: **4/19/02** Daytime Phone: **407-822-4600**

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ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:39 PM

ORDER NO. : 542010-300

CUSTOMER NO: 7120726

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

RECEIVED
02 APR 23 PM 2:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____