

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 JAN 17 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # P96000047354			
1. Entity Name REGENCY MEDICAL EQUIPMENT, INC.			
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 59-3387515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

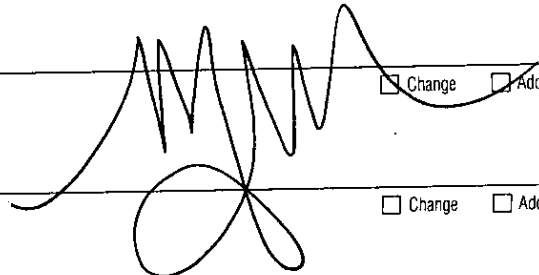
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY		Name	
1201 HAYS STREET		Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEHAN, STEPHEN D 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIOMEK, JANET L 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete	PD <i>Philip L. Carter</i> <i>2600 Technology Dr. 300</i> <i>Orlando, FL 32804</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, REBECCA L 2600 TECHNOLOGY DR., STE. 300 ORLANDO FL 32804	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	200010198902
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/15/03** **407-822-4600 14799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 897812 7355325
AUTHORIZATION : Patricia Pizuto
COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003
ORDER TIME : 11:59 PM
ORDER NO. : 897812-185
CUSTOMER NO: 7355325
CUSTOMER: Gina Deloach
Rotech Healthcare, Inc.
Suite 300
2600 Technology Drive
Orlando, FL 32804

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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: Sara Lea-EXT#1114

EXAMINER'S INITIALS: