

# 2001 UNIFORM BUSINESS REPORT (UBR)

*pg 1 of 2*  
04/26/01

**DOCUMENT # P96000055563**

1. Entity Name  
**RCL SUPPORT SERVICES, INC.**

**FILED**

**01 APR 26 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business  
**4506 L.B. MCLEOD ROAD  
SUITE F  
ORLANDO FL 32811**

Mailing Address  
**POST OFFICE BOX 53-6576  
ORLANDO FL 32853-6576**



DO NOT WRITE IN THIS SPACE

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

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

City  
**Suite 300 etc.**

Suite, Apt. #, etc.

City  
**Orlando, FL**

City  
**Orlando, FL**

State  
**32804**

Country  
**USA**

State  
**32853-6576**

Country  
**USA**

4. FEI Number **59-3391583**

Applied For  
☐ Not Applicable

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

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 \_\_\_\_\_ 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		
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIOMEK, JANET L	
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOVELL, N. SCOTT	
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, MARC	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, MARSHALL	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Stephen D. Linehan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 Technology Dr., Suite 300	
STREET ADDRESS	Orlando, FL 32804	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 \_\_\_\_\_ Date **4/20/2001** Daytime Phone # **(407) 822-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)



g2012

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:17 PM

ORDER NO. : 129440-070

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 INCREASED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: RCL SUPPORT SERVICES, 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]*