2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000055563 1. Entity Name FILED RCL SUPPORT SERVICES, INC. 02 APR 23 PM 4: 37 Principal Place of Business Mailing Address 2600 TECHNOLOGY DR., STE, 300 P.O. BOX 53-6576 SECRETARY OF STATE ORLANDO FL 32804 ORLANDO FL 32853-6576 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3391583 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE 7/D ☐ Addition NAME LINEHAN, STEPHEN D NAME STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP Change □ Defete TITLE TIO ☐ Addition NAME ZIOMEK, JANET L NAME STREET ADDRESS STREET ADDRESS 2600 TECHNOLOGY DR., STE. 300 100005327771--n CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NOVELL, N. SCOTT NAME STREET ADDRESS 2600 TECHNOLOGY DR., STE, 300 STREET ADDRESS CITY-\$T-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE Addition NAME LEVIN, MARC NAME STREET ADDRESS 910 RIDGEBROOK ROAD STREET ADDRESS CITY-ST-ZIP SPARKS GLENCOE MD 21152 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME ELKINS, MARSHALL NAME STREET ADDRESS 910 RIDGEBROOK ROAD STREET ADDRESS CITY-ST-ZIP SPARKS GLENCOE MD 21152 CITY-ST-ZIP TITLE ☐ Delete TITLE SID Rebecca L. Myers Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone 4 00





ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION ?

COST LIMIT \$ 150.00

ORDER DATE: April 23, 2002

ORDER TIME : 12:38 PM

ORDER NO. : 542010-295

CUSTOMER NO: 7120726

CUSTOMER: Ms. Gina Deloach

Rotech Medical Corporation

Suite 300

2600 Technology Drive Orlando, FL 32804

ANNUAL REPORT FILING

NAME: RCL SUPPORT SERVICES, INC.

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: