

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 FEB 17 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V35994 (5)

1. Corporation Name
LIBERTY HOME HEALTH CARE, INC.

Principal Place of Business 4506 LB MCLEOD RD. STE. #F ORLANDO FL 32811 US	Mailing Address 4506 LB MCLEOD RD. STE. #F ORLANDO FL 32811 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/07/1992	
4. FEI Number 59-3172251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P
4506 LB MCLEOD ROAD, STE F.
ORLANDO FL 32811

10. Name and Address of New Registered Agent

B1 Name *Corporation Service Company*

B2 Street Address (P.O. Box Numbers Not Acceptable)
1201 News Street

B3

B4 City *Tallahassee* **B5** Zip Code *FL 32301*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and assume with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE *2-17-98*

(Sign name, typed or printed name of registered agent, as applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PASD	<input type="checkbox"/> DELETE
NAME	GRIGGS, STEPHEN P.	
STREET ADDRESS	4506 L.B. MCLEOD ROAD STE F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	IRISH, REBECCA R	
STREET ADDRESS	4506 LB MCLEOD RD., STE. #F	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

A. Alan
2/17/98

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Janet L. Ziomek	
2.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
2.4 CITY-ST-ZIP	Orlando, FL 32811	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	n. Scott Novell	
3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
3.4 CITY-ST-ZIP	Orlando, FL 32811	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc Levin	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marshall Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)



ACCOUNT NO. : 072100000032
 REFERENCE : 708230 7120726
 AUTHORIZATION : *Patricia P...*
 COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998
 ORDER TIME : 9:35 AM
 ORDER NO. : 708230-330
 CUSTOMER NO: 7120726
 CUSTOMER: Ms. Dawn Anderson
 Rotech Medical Corporation
 Suite F
 4506 L B Mcleod Road
 Orlando, FL 32811

RECEIVED
 98 FEB 17 AM 10:50
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: LIBERTY HOME HEALTH CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

J. Alan
2/17/98