

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35994

1. Entity Name

LIBERTY HOME HEALTH CARE, INC.

FILED

01 APR 26 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 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 |
|--|--|

| | |
|--|---|
| Principal Place of Business 2600 Technology Dr. Suite 300 etc. | Mailing Address P. O. Box 53-6576 Suite, Apt. #, etc. |
|--|---|

| | |
|---------------------|---------------------|
| City Orlando, FL | City Orlando, FL |
|---------------------|---------------------|

| | | | |
|----------------|----------------|---------------------|----------------|
| State 32804 | Country USA | State 32853-6576 | Country USA |
|----------------|----------------|---------------------|----------------|

| | |
|-----------------------------|--|
| 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. 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2600 Technology Dr., Suite 300 Orlando, FL 32804 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2600 Technology Dr., Suite 300 Orlando, FL 32804 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700004082367--9 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

CR2E034 (10/00)



By 2nd 2

ACCOUNT NO. : 072100000032

REFERENCE : 129440 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2001

ORDER TIME : 1:31 PM

ORDER NO. : 129440-110

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 3:12
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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: Sandra Mathis EXT 1165

EXAMINER'S INITIALS: _____