

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V35994**

1. Entity Name
LIBERTY HOME HEALTH CARE, INC.

Principal Place of Business
**2600 TECHNOLOGY DR., STE. 300
ORLANDO FL 32804
US**

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 **59-3172251**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LINEHAN, STEPHEN D**
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PID** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZIOMEK, JANET L**
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **TL** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **NOVELL, N. SCOTT**
STREET ADDRESS **2600 TECHNOLOGY DR., STE. 300**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **600005327296--3** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LEVIN, MARC**
STREET ADDRESS **910 RIDGEBROOK RD**
CITY-ST-ZIP **SPARKS MD 21152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ELKINS, MARSHALL**
STREET ADDRESS **910 RIDGEBROOK RD**
CITY-ST-ZIP **SPARKS MD 21152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Rebecca L. Myers**
STREET ADDRESS **2600 Technology Dr. Ste 300**
CITY-ST-ZIP **Orlando, FL 32804**

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 exemption.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 APR 23 PM 4:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

0112007 AV

CR2E034 (9/01)

222



ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 12:22 PM

ORDER NO. : 542010-195

CUSTOMER NO. : 7120726

CUSTOMER : Ms. Gina Deloach
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

RECEIVED
02 APR 23 PM 1:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____