

2002 UNIFORM BUSINESS REPORT (UBR)

0112001 AV

102

DOCUMENT # V60573

1. Entity Name
VITALCARE HEALTH SERVICES, INC.

FILED

02 APR 23 PM 4:01

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

Mailing Address
P O BOX 53-6576
ORLANDO FL 32853-6576

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3143938

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE T/O
NAME
STREET ADDRESS
CITY-ST-ZIP 400005327744--4 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S/D
NAME Rebecca L. Myers
STREET ADDRESS 2600 Technology Dr., Ste 300
CITY-ST-ZIP Orlando, FL 32804 ☐ Change ☒ 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: SIGNATURE REQUIRED Rebecca L. Myers 4/19/02 407.822.4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 542010 7120726

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2002

ORDER TIME : 1:07 PM

ORDER NO. : 542010-410

CUSTOMER NO: 7120726

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

RECEIVED
02 APR 23 PM 2:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: VITALCARE HEALTH 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: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____