

1.) CORPORATION NAME:

Rotech Healthcare Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1562182**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 TECHNOLOGY DRIVE
SUITE 300

CITY/ST/ZIP: ORLANDO, FL 32804

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STEVEN P. ALSENE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2600 TECHNOLOGY DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32804-8024		

NAME:	R. KIMBARK LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2600 TECHNOLOGY DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32804-8024		

NAME:	DAVID J. MEADOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	T/CFO		
ADDRESS:	2600 TECHNOLOGY DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32804-8024		

NAME:	DANIEL D. CROWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 TECHNOLOGY DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32804-8024		

NAME:	JAMES H. BLOEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 TECHNOLOGY DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32804-8024		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD E. NEWSTED DIRECTOR 2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO, FL 32804-8024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD L. KUNTZ DIRECTOR 2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO, FL 32804-8024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. REDMOND, JR. DIRECTOR 2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO, FL 32804-8024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID REGANATO DIRECTOR 2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO, FL 32804-8024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ R. KIMBARK LEE	R. KIMBARK LEE, SECRETARY	9/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			