

ROTECH HEALTHCARE INC  
Form 3  
May 18, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

GE CAPITAL CFE INC  
(Last) (First) (Middle)

C/O GENERAL ELECTRIC  
CAPITAL CORPORATION, 201  
MERRITT 7  
(Street)

NORWALK, CT 06856  
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
04/25/2006

3. Issuer Name and Ticker or Trading Symbol  
ROTECH HEALTHCARE INC [ROHI]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$.0001	2,551,156	D (1) (2)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)
						(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GE CAPITAL CFE INC C/O GENERAL ELECTRIC CAPITAL CORPORATION 201 MERRITT 7 NORWALK, CT 06856	Â	Â X	Â	Â
GENERAL ELECTRIC CO 3135 EASTON TURNPIKE FAIRFIELD, CT 06431	Â	Â	Â	See footnotes (1) & (2)
GENERAL ELECTRIC CAPITAL SERVICES INC/CT 201 MERRITT 7 NORWALK, CT 06856	Â	Â	Â	See footnotes (1) & (2)
GENERAL ELECTRIC CAPITAL CORP 201 MERRITT 7 NORWALK, CT 06856	Â	Â	Â	See footnotes (1) & (2)

## Signatures

/s/ Keith Helming, as Vice President of GE Capital CFE, Inc. and General Electric Capital Corporation 05/17/2006

\_\_Signature of Reporting Person

Date

/s/ Barbara A. Lane, as attorney-in-fact for General Electric Capital Services, Inc. and General Electric Company 05/17/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

GE Capital CFE, Inc. ("GECFE") directly owns 2,551,156 shares of Common Stock of the issuer, Rotech Healthcare, Inc. General Electric Capital Corporation ("GE Capital") is the parent company of GECFE. General Electric Capital Services, Inc. ("GECS") is the parent company of GE Capital. General Electric Company ("GE") is the parent company of GECS.

(2) Pursuant to Rule 16a-1(4) promulgated under the Securities and Exchange Act of 1934, as amended, each of GE Capital, GECS and GE disclaims beneficial ownership of the Common Stock directly owned by GECFE.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.