

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003562

FILED
Jan 08, 2009
Secretary of State

Entity Name: OUTPATIENT INFUSION SYSTEMS, INC.

Current Principal Place of Business:

5950 SHILOH RD EAST SUITE U
ALPHARETTA, GA 30005

New Principal Place of Business:

5950 SHILOH RD EAST
SUITE U
ALPHARETTA, GA 30005

Current Mailing Address:

5950 SHILOH RD EAST SUITE U
ALPHARETTA, GA 30005

New Mailing Address:

5950 SHILOH RD EAST
SUITE U
ALPHARETTA, GA 30005

FEI Number: 75-2986463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GOOD, CHRISTOPHER D
Address: 2080 BROOKE FOREST CT
City-St-Zip: ALPHARETTA, GA 30022

Title: VCST () Delete
Name: GOOD, MARY F
Address: 2080 BROOKE FOREST CT
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D. GOOD

CP

01/08/2009

Electronic Signature of Signing Officer or Director

Date