2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P04000126127

Entity Name: CENTRAL FLORIDA INFUSION & HEALTHCARE SERVICES, INC

Current Principal Place of Business:

13502 HAWKEYE DR
ORLANDO, FL 32837

New Principal Place of Business:

407 W. OAK ST
KISSIMMEE, FL 34741 US

Current Mailing Address:

13502 HAWKEYE DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-0156442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABABON, ALAN
13502 HAWKEYE DR
ORLANDO, FL 32837 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: P ( ) Delete
Name: ABABON, NITA R
Address: 13502 HAWKEYE DR
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete
Name: SCOTT, MARJORIE
Address: 11335 RAPALLO
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Delete
Name: ABABON, ALAN
Address: 13502 HAWKEYE DR
City-St-Zip: ORLANDO, FL 32837

Title: S (X) Delete
Name: SCOTT, RICHARD
Address: 11335 RAPALLO LN
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: NITA R. ABABON P 01/04/2005
Electronic Signature of Signing Officer or Director Date