

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059621

FILED
Feb 17, 2006
Secretary of State

Entity Name: MIAMI INFUSION & PHARMACY, INC.

Current Principal Place of Business:

7160 WEST 20 AVE
SUITE M-129
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7160 WEST 20 AVE
SUITE M-129
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-1115080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, PAUL WATSON
1203 GOVERNORS SQUARE BLVD.
SUITE 102
TALLAHASSEE, FL 323012560 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: PD () Delete
Name: BRAUN, STEVE
Address: 7160 WEST 20 AVE M-129
City-St-Zip: HIALEAH, FL 33016

Title: VD () Delete
Name: FERRAN, GEORGE
Address: 7160 WEST 20 AVE M-129
City-St-Zip: HIALEAH, FL 33016

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 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: STEVE BRAUN

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date