

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000076073

Entity Name: ONE INFUSION PHARMACY, LLC

Current Principal Place of Business:

3850 BIRD ROAD, SUITE 303
MIAMI, FL 33146

Current Mailing Address:

3850 BIRD ROAD, SUITE 303
MIAMI, FL 33146

FEI Number: 46-2882412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEIN, BRENT D
3850 BIRD ROAD, SUITE 602
MIAMI, FL 33146 US

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

Authorized Person(s) Detail :

Title MANAGER
Name ONE HOMECARE SOLUTIONS LLC
Address 3850 BIRD ROAD, SUITE 303
City-State-Zip: MIAMI FL 33146

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ONE HOMECARE SOLUTIONS LLC

MANAGER

04/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date