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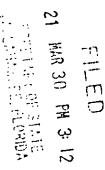
(Day and March					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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March 22, 2021

Florida Secretary of State Division of Corporations Amendment Section 2415 N. Monroe St. Suite 810 Tallahassee, FL 32303

RE: Filing Number F07000001796

Dear Sir or Madam:

Enclosed please find the Corporate Withdrawal Application for InfuScience Sub, Inc.

Upon completion, please send a copy to my attention at:

Option Care

3000 Lakeside Dr.

Suite 300N

Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-940-2528 or email me at michelle.mazzenga@optioncare.com

Sincerely,

Michelle Makzeng Senior Specialist

COVER LETTER

то:	O: Amendment Section Division of Corporations						
SUBJ	ECT: InfuScience Sub, Inc.						
500.		(Name of Corporation)					
DOC	DOCUMENT NUMBER: F07000001796						
The er	nclosed withdrawal application and	fee are submitted for filing.					
Please	return all correspondence concernin	g this matter to the following:					
	Michelle Mazzenga						
		(Name of Person)					
	InfuScience Sub. Inc.						
		(Firm/Company)					
3000 Lakeside Dr., Suite 300N							
		(Address)					
	Bannockburn, IL 60015						
	(0	City/State and Zip code)					
For fu	rther information concerning this ma	•					
Michelle Mazzenga		at (312) 940-2528					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclos	sed is a check for the amount:						
≡ \$35	5 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is Enclosed) ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303					

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	InfuScience Sub, Inc.			
•		(Name of Corporation)		
	F07000001796			
	(De	ocument Number of Corporation (if kno	wn)	
	Delaware			
	(Incorporated Under Laws	of and date authorized to transact busin	ess/conduct its affairs	5)
voluntar This cor appoints time it w	ily surrenders its authority to to propertion revokes the authority the Department of State as its	ing business or conducting affairs transact business or conduct affairs try of its registered agent in Florids agent for service of process basedness or conduct affairs in Florida.	in Florida. da to accept servic	re on its behalf and
	3000 Lakeside Dr., Suite 300N		u.	
		(Mailing Address)		
	Bannockburn, IL 60015			FILE MAR 3
		(City/ State /Zip)	E FLOR	
	Signature of a director, president or othe receiver or other court appointed fiducia	r officer - if in the hands of a ary, by that fiduciary)	any change in Br	railine address.
į	Michael Shapiro	Pre	sident, CFO	

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)