2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# F07000003562

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:

Current Mailing Address:

5950 SHILOH RD EAST
SUITE U
ALPHARETTA, GA 30005

New Mailing Address:

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: CT CORPORATION SYSTEM
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GOOD, CHRISTOPHER D
Address: 2080 BROOKE FOREST CT
City-St-Zip: ALPHARETTA, GA 30022

Title: CFO
Name: HEATH, BRIAN
Address: 800 TECHNOLOGY CENTER DRIVE
City-St-Zip: STOUGHTON, MA 02072

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 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 all other like empowered.

SIGNATURE: BRIAN HEATH CFO 01/26/2011
Electronic Signature of Signing Officer or Director Date