

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005128

FILED
Feb 16, 2009
Secretary of State

Entity Name: INFUSION PARTNERS OF BRUNSWICK, INC.

Current Principal Place of Business:

18 CANAL DRIVE PLAZA
BRUNSWICK, GA 31525

New Principal Place of Business:

Current Mailing Address:

18 CANAL DRIVE PLAZA
BRUNSWICK, GA 31525

New Mailing Address:

ONE FAYETTE STREET
SUITE 150
CONSHOHOCKEN, PA 19428

FEI Number: 59-2966597

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUCUEL, ROBERT
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VSD () Delete
Name: GRAVES, MARY J
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUCUEL, ROBERT
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP (X) Change () Addition
Name: GRAVES, MARY J
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SEC () Change (X) Addition
Name: GILBERT, BRUCE
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP () Change (X) Addition
Name: BROWN, CHUCK
Address: ONE FAYETTE STREET #150
City-St-Zip: CONSHOHOCKEN, PA 19428

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE GILBERT

SEC

02/16/2009

Electronic Signature of Signing Officer or Director

Date