

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005344

FILED
Jan 15, 2012
Secretary of State

Entity Name: HOME CARE INFUSION SERVICES, INC.

Current Principal Place of Business:

11208 HUTCHISON BLVD PMB #159
PANAM CITY BEACH, FL 32407

New Principal Place of Business:

55 LIBERTY STREET
METUCHEN, NJ 08840

Current Mailing Address:

11208 HUTCHISON BLVD PMB #159
PANAM CITY BEACH, FL 32407

New Mailing Address:

7940 FRONT BEACH ROAD PMB#159
PANAM CITY BEACH, FL 32407

FEI Number: 22-3175783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: MASOOD, SOHAIL
Address: 5004 THOMAS DRIVE # 110
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD
Name: MASOOD, MONA
Address: 5004 THOMAS DRIVE # 110
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: T
Name: MERCHANT, SOHAIL
Address: 11779 COORSGOLD LANE
City-St-Zip: PORTER RANCH, CA 91326

Title: D
Name: MASOOD, ASLAM
Address: 2525 WESTGATE STREET
City-St-Zip: HOUSTON, TX 77019

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: SOHAIL MASOOD

PD

01/15/2012

Electronic Signature of Signing Officer or Director

Date