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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002238 (4)

1. Corporation Name

OPTION CARE OF MELBOURNE, INC.



Principal Place of Business

809 E. HIBISCUS BLVD
MELBOURNE FL 32901

Mailing Address

809 E. HIBISCUS BLVD.
MELBOURNE FL 32901

3. Date Incorporated or Qualified
05/07/1993

3a. Date of Last Report
05/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

PATEL, DAKSHA
1350 16TH COURT S.W.
VERO BCH. FL 32962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

Daksha Patel DAKSHA PATEL, VICE PRESIDENT

2/12/96
DATE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME: PATEL, PRADIP
STREET ADDRESS: 503 RIVERA DR.
CITY-ST-ZIP: ST. SIMON'S ISLAND GA 31522

TITLE S ☐ DELETE

NAME: DAKSHA, PATEL
STREET ADDRESS: 1350 16 CT SW
CITY-ST-ZIP: VERO BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daksha Patel DAKSHA PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAKSHA PATEL
2/12/96 (407)-724-6004
Date Daytime Phone #

CR2E034 (12/95)