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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 30 1997 8:00am

Secretary of State

724-6004 оле # 0099143

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002238 (4)

OPTION CARE OF MELBOURNE, INC.

appears in Block 12 or Block 13 if c

SIGNATURE: SIGNATURE AND TYPED OR PRINTER

Principal Place of Business Mailing Address BOO E. HIBISCUS BLVD. 809 E. HIBISCUS BLVD. MELBOURNE FL 32901-3219 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 05/07/1993 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2021377 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATEL, DAKSHA 1350 16TH COURT S.W. Street Address (P.O. Box Number is Not Acceptable) VERO BCH. FL 32962 83 64 City Zip Code 85 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 607,0505, Florida Statutes. SIGNATURE Signature Typed or privated name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Tittel DELETE 1.1 TITLE Change ☐ Addition PATEL, PRADIP 1.2 NAME CR2E034 NAME 3029 ATLANTA AVE. 1.3 STREET ADDRESS STREET ACCRESS BRUNSWICK GA CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE HILE DAKSHA, PATEL NAME 2.2 NAME 1350 18 CT SW STHEET ADDRESS 2.3 STREET ADDRESS **VERO BEACH FL** 2.4 CITY - ST - ZIP CITY - S1 - ZIP Change DELETE 3.1 TITLE Addition NAME **3.2 NAME** 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition THLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 6.1 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 chapted on a dataching the first true and the corporation of the corporation of the control of the corporation of the corpor