

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002238

FILED
Apr 22, 2008
Secretary of State

Entity Name: INFUSION PARTNERS OF MELBOURNE, INC.

Current Principal Place of Business:

1600 SARNO ROAD
SUITE 10
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1600 SARNO ROAD
SUITE 10
MELBOURNE, FL 32935

New Mailing Address:

TWO TOWER BRIDGE
ONE FAYETTE STREET, SUITE 150
CONSHOHOCKEN, PA 19428

FEI Number: 58-2021377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, DAKSHA A
1835 N. HWY A1A, #303
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: JOSEPH M. SHIKORSKY

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, PRADIP
Address: 3029 ALTAMA AVENUE
City-St-Zip: BRUNSWICK, GA 31520

Title: S () Delete
Name: DAKSHA, PATEL
Address: 1835 N HWY A1A, UNIT 303
City-St-Zip: INDIALANTIC, FL 32903

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P&D (X) Change () Addition
Name: CUCUEL, ROBERT
Address: TWO TOWER BRIDGE, ONE FAYETTE STREET, #150
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: CFO (X) Change () Addition
Name: GRAVES, MARY JANE
Address: TWO TOWER BRIDGE, ONE FAYETTE ST. #150
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: DV P () Change (X) Addition
Name: PATEL, PRADIP
Address: TWO TOWER BRIDGE, ONE FAYETTE ST. #150
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: D () Change (X) Addition
Name: WOODWARD, GORDON
Address: TWO TOWER BRIDGE, ONE FAYETTE ST. #150
City-St-Zip: CONSHOHOCKEN, PA 19428 US

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: MARY JANE GRAVES

CFO

04/22/2008

Electronic Signature of Signing Officer or Director

Date