

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
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REGISTERED AGENT CHANGE

INFUSION PARTNERS OF MELBOURNE, INC.

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RA Change
88

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Georgia
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Infusion Partners of Melbourne, Inc.
2. The principal office address: 1600 Sarno Road, Suite 10, Melbourne, FL 32935
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/07/93 Document number: F93000002238
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

VickiAnn Owens
(Signature of an officer or director)

VickiAnn Owens, Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

C T Corporation System
By: Korri A. Behler
(Signature of Registered Agent)

11/20/08
(Date)

If signing on behalf of an entity:

KORRI A. BEHLER
Special Assistant Secretary
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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