2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002238

WOODWARD, GORDON

CONSHOHOCKEN, PA 19428 US

TWO TOWER BRIDGE, ONE FAYETTE ST. #150

Name:

Address:

City-St-Zip:

Entity Name: INFUSION PARTNERS OF MELBOURNE, INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1600 SARNO ROAD SUITE 10 MELBOURNE, FL 32935 **New Mailing Address: Current 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P&D () Delete Title: PRFS (X) Change () Addition CUCUEL, ROBERT Name: Name: CUCUEL, ROBERT TWO TOWER BRIDGE, ONE FAYETTE STREET, #150 TWO TOWER BRIDGE, ONE FAYETTE STREET, #150 Address: Address: City-St-Zip: CONSHOHOCKEN, PA 19428 US City-St-Zip: CONSHOHOCKEN, PA 19428 US () Delete Title: VΡ (X) Change () Addition Title: Name: GRAVES, MARY JANE Name: GRAVES, MARY JANE TWO TOWER BRIDGE, ONE FAYETTE ST. #150 TWO TOWER BRIDGE, ONE FAYETTE ST. #150 Address: Address: CONSHOHOCKEN, PA 19428 US CONSHOHOCKEN, PA 19428 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DV P () Delete SEC PATEL, PRADIP GILBERT, BRUCE Name: Name: TWO TOWER BRIDGE, ONE FAYETTE ST. #150 TWO TOWER BRIDGE, ONE FAYETTE ST. #150 Address: Address: CONSHOHOCKEN, PA 19428 US City-St-Zip: CONSHOHOCKEN, PA 19428 US City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

BROWN, CHUCK

TWO TOWER BRIDGE, ONE FAYETTE ST. #150

CONSHOHOCKEN, PA 19428 US

SIGNATURE: BRUCE GILBERT SEC 02/16/2009