

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90052 022 ****50.00

DOCUMENT # L00000012859

1. Entity Name

INFUSION SOLUTIONS, LLC

Principal Place of Business

4770 U.S. 19
NEW PORT RICHEY FL 34652

Mailing Address

4770 U.S. 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3678712

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A ESQ.
7617 LITTLE ROAD
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EMANDI, RICH
STREET ADDRESS 4770 U.S. 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME EMANDI, RICH
STREET ADDRESS 4770 U.S. HWY 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

☒ Change

☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rich Emandi
MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02 (727)841-9998

Date

Daytime Phone #

CR2E083 (9/01)