

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90073 016 ***50.00

DOCUMENT # L02000026209

1. Entity Name
ADVANCE INFUSIONS, L.L.C.



Principal Place of Business
**1801 S.E. HILLMOOR DRIVE, SUITE 206
PORT ST. LUCIE, FL 34952**

Mailing Address
**1801 S.E. HILLMOOR DRIVE, SUITE 206
PORT ST. LUCIE, FL 34952**

24060885



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

16-1636513

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY, 4TH FLOOR
STUART, FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAMGOPAL, MIRMALA MENAUL
2206 SE EAGLE DR
PORT SAINT LUCIE, FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEHAUL NIRMALA
825 SW. ST. ANDREWS COVE
PORT ST. LUCIE FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SUMHRAUN, ANAND
1801 SE HILLMOOR DR. C206
PORT SAINT LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SUKHRAM, ANAND
1801 SE HILLMOOR DR C206
PORT ST LUCIE FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Nirmala Nehaul

4/29/04 772-873-5640

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

Date

Daytime Phone #