

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118364

FILED
Jul 24, 2009
Secretary of State

Entity Name: AMBULATORY INFUSION SPECIALIST, LLC

Current Principal Place of Business:

1332 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1332 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 26-2632840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUMBAUGH, CATHY
3664 N.E. 18TH TERRACE
STE B
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

RANADE, DEEPAK
1332 N FEDERAL HWY
POMPANO BEACH, FL 33062 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: DEEPAK RANADE

07/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANADE, DEEPAK
Address: 3664 N.E. 18TH TERRACE STE B
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM (X) Delete
Name: BRUMBAUGH, CATHY
Address: 3664 NE 18TH TERRACE STE B
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RANADE, DEEPAK
Address: 1332 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: DEEPAK RANADE

MGRM

07/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date