

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102174

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** AT HOME INFUSION SERVICES LLC

**Current Principal Place of Business:**

4722 NW 2ND AVENUE  
SUITE C-110  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

3500 NW BOCA RATON BLVD  
SUITE 704  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

4722 NW 2ND AVENUE  
SUITE C-110  
BOCA RATON, FL 33431 US

**New Mailing Address:**

3500 NW BOCA RATON BLVD  
SUITE 704  
BOCA RATON, FL 33431 US

FEI Number: 27-1171329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KACZMAREK, KAREN  
3725 NW 3RD AVENUE  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KACZMAREK, KAREN  
Address: 3725 NW 3RD AVENUE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR  
Name: KACZMAREK, EDWARD G  
Address: 3725 NW 3RD AVE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR  
Name: MAGAFAS, ELIZABETH  
Address: 4722 NW 2ND AVE - STE C-110  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: KAREN KACZMAREK

MGR

02/09/2012

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