2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 26 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005131

1. Entity Name
INFUSION PARTNERS, LLC

Principal Place of Business	Mailing Address
500 WINDERLEY PLACE, SUITE 224 MAITLAND FL 32751	500 WINDERLEY PLACE, SUITE 224 OK MAITLAND FL 32751-7407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4127 Fowler Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33617 Country: USA	Zip Country

4. FEI Number: 59-3601901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, ROSEMARY Q
500 WINDERLEY PLACE, SUITE 224
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: MICHAEL R. MACLEAY
Street Address (P.O. Box Number is Not Acceptable): 500 WINDERLEY PLACE, SUITE 224
City: MAITLAND FL Zip Code: 32751

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: Michael R MacLeay MGRM 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

300003291593--3
-06/15/00--01078--021
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PROHEALTH MEDICAL, INC. 500 WINDERLEY PLACE, SUITE 224 MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MICHAEL R. MACLEAY 500 WINDERLEY PLACE, SUITE 224 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TOM CATLIN 500 WINDERLEY PLACE, SUITE 224 MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELVIN MONTANEZ 500 WINDERLEY PLACE, SUITE 224 MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NICK PORTER 12902 MAGNOLIA DR TAMPA, FL 33612-9497	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRAULIO VICENTE 12902 MAGNOLIA DR TAMPA, FL 33612-9497	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NANCY WELLS 12902 MAGNOLIA DR TAMPA, FL 33612-9497	☐ Change ☒ Addition

CR2E083 (9/99)

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: Michael R MacLeay 4/27/00 (407) 660-1122 x.210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #