

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005131

1. Entity Name

INFUSION PARTNERS, LLC

Principal Place of Business

4127 FOWLER AVE
TAMPA FL 33617

Mailing Address

4127 FOWLER AVE
TAMPA FL 33617

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

59-3601901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACLEAY, MICHAEL R
500 WINDERLEY PLACE, SUITE 224
MAITLAND FL 32751

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

9. MANAGING MEMBERS / MEMBERS

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 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Michael R. Macleay 500 Winderley Place Suite 224 Maitland, Florida 32751 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Tom Catlin 500 Winderley Place Suite 224 Maitland Florida 32751 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Elvin Montañez 500 Winderley Place Suite 224 Maitland Florida 32751 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Nick Porter 12902 Magnolia Drive Tampa, Florida 33612-9497 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Braulio Vicente 12902 Magnolia Drive Tampa, Florida 33612-9497 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Nancy Wells 12902 magnolia Drive Tampa, Florida 33612-9497 ☐ 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:

Michael R. Macleay

Michael R. Macleay Managing Partner

4/20/01

(407)460-1122

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

Date

Daytime Phone #

CR2E083 (11/00)