2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L99000005131

Entity Name: INFUSION PARTNERS, LLC

Current Principal Place of Business:

4127 FOWLER AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4127 FOWLER AVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3601901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title:	MGRM	( ) Delete
Name:	MACLEAY, MICHAEL R	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	NEWTON, SHARON	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	MONTANEZ, ELVIN	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	PORTER, NICK	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	VICENTE, BRAULIO	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	WELLS, NANCY	
Address:	500 WINDERLEY PLACE, STE. 224	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL R. MACLEAY MGRM 04/19/2004

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