

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002816

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** FAMILY FOCUS INFUSION OF DUVAL, LLC

**Current Principal Place of Business:**

4417 BEACH BLVD., STE. 101  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3986 BOULEVARD CENTER DRIVE  
SUITE 1  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

8016 PLAINFIELD ROAD  
CINCINNATI, OH 45236

**New Mailing Address:**

**FEI Number:** 26-1606552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: WAUD, REEVE  
Address: 8016 PLAINFIELD ROAD  
City-St-Zip: CINCINNATI, OH 45236

Title: MGR  
Name: CLARY, MATTHEW  
Address: 8016 PLAINFIELD ROAD  
City-St-Zip: CINCINNATI, OH 45236

Title: MGR  
Name: SOPER, DANA  
Address: 8016 PLAINFIELD ROAD  
City-St-Zip: CINCINNATI, OH 45236

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: DANA W. SOPER

CEO

04/30/2010

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