2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

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Entity Name: UNIVITA SPECIALTY INFUSION PHARMACY LLC

Current Principal Place of Business:

8601 N. SCOTTSDALE ROAD, SUITE 335
SCOTTSDALE, AZ 85253

New Principal Place of Business:

15712 S.W. 41ST STREET
SUITE 16
DAVIE, FL 33331

Current Mailing Address:

8601 N. SCOTTSDALE ROAD, SUITE 335
SCOTTSDALE, AZ 85253

New Mailing Address:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

FEI Number: 27-1216935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PS
Name: BAUDE, BRUCE
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VT
Name: SJOBECK, JEFFREY
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: CEO
Name: SALAZAR, GUILLERMO
Address: 3700 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: COO
Name: RODGERS, CHERI
Address: 3700 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: SVP
Name: VALVERDE, RENE
Address: 3700 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

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 Statues.

SIGNATURE: JEFFREY SJOBECK VT 03/18/2010

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