

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005123 (3)**

1. Corporation Name

**ORLANDO REGIONAL HOME INFUSION, INC.**



Principal Place of Business

**601 WEST MICHIGAN STREET  
ORLANDO FL 32805**

Mailing Address

**601 WEST MICHIGAN STREET  
ORLANDO FL 32805**

3. Date Incorporated or Qualified  
**10/30/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOGNER, JOHN B  
225 EAST ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **James B. Bogner (correction - not John)**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*James B. Bogner*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/3/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P**  
1.2 NAME **BICE, Steve**  
1.3 STREET ADDRESS **601 W. Michigan Street**  
1.4 CITY-ST-ZIP **Orlando, FL 32805**

☐ Change ☒ Addition

2.1 TITLE **D/S**  
2.2 NAME **FULBRIGHT, Joan**  
2.3 STREET ADDRESS **1414 Kuhl Avenue**  
2.4 CITY-ST-ZIP **Orlando, FL 32806**

☐ Change ☒ Addition

3.1 TITLE **D/T**  
3.2 NAME **BARRETT, Michael**  
3.3 STREET ADDRESS **2301 Lucien Way, Suite 440**  
3.4 CITY-ST-ZIP **Maitland, FL 32751-7190**

☐ Change ☒ Addition

4.1 TITLE **D**  
4.2 NAME **GOLDSTEIN, Paul**  
4.3 STREET ADDRESS **1414 Kuhl Avenue**  
4.4 CITY-ST-ZIP **Orlando, FL 32806**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)