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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005485 (6)

1. Corporation Name

NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK  
, INC.

Principal Place of Business

303 S.E. 17TH STREET  
FORT LAUDERDALE FL 33316

Mailing Address

C/O WELCH, RICHARD B  
303 S.E. 17 STREET  
FORT LAUDERDALE FL 33316-2523  
US3. Date Incorporated or Qualified  
11/17/19953a. Date of Last Report  
07/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 29 Country

30

4. FEI Number

65-0627377

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

ULLMAN, SAMUEL C  
KELLY DRYE & WARREN LLP  
201 S. BISCAYNE BLVD., SUITE 2400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME TOWER, WIL  
STREET ADDRESS % 303 S.E. 17TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FLTITLE TD ☐ DELETENAME WELCH, RICHARD  
STREET ADDRESS % 303 S.E. 17TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FLTITLE SD ☐ DELETENAME MULLER, A. G  
STREET ADDRESS 3000 CORAL HILLS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Richard B. Welch

2/4/97

(954) 355-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038420

CR2E037 (9/96)