

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005485

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK, INC.

**Current Principal Place of Business:**

C/O ALAN LEVINE  
303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

C/O FRANK NASK  
303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

C/O ALAN LEVINE  
303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

C/O FRANK NASK  
303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**FEI Number:** 65-0627377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KISHBAUGH, TROY A  
303 SE 17 STREET  
FORT LAUDERDALE, FL 33316 US

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

SHAPIRO, KIMBERLY R  
303 SE 17 STREET  
FORT LAUDERDALE, FL 33316 US

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: KIMBERLY SHAPIRO

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHIRLEY, JASMIN  
Address: 303 SE 17TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD ( ) Delete  
Name: WALLACE, ARTHUR III  
Address: 303 SE 17TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P ( ) Change (X) Addition  
Name: NASK, FRANK  
Address: 303 SE 17TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK NASK

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date