

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005485

FILED
Apr 29, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOREN, SAMUEL S ESQ
3099 E. COMMERCIAL BLVD
200
FORT LAUDERDALE, FL 33309 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: SAMUEL S. GOREN

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK NASK

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date