

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019256

FILED  
Aug 17, 2006  
Secretary of State

**Entity Name:** UNIVERSAL INFUSION & HOME HEALTH CARE INCORPORATED

**Current Principal Place of Business:**

453 N KIRKMAN RD, SUITE 103  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

453 N KIRKMAN RD, SUITE 103  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 20-0677368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DATO, VIOLETA C RN  
13630 FOX GLOVE ST  
WINTER GARDEN, FL 347874671 FL

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

DATO, VIOLETA C RN  
13630 FOX GLOVE ST  
WINTER GARDEN, FL 347874671 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:

08/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DATO, VIOLETA C RN  
Address: 13630 FOX CLOVE STREET  
City-St-Zip: WINTER GARDEN, FL 347874671 US

Title: T ( ) Delete  
Name: MORRISON, PATRICK J CPA  
Address: 13630 FOX GLOVE ST  
City-St-Zip: WINTER GARDEN, FL 347874671 FL

Title: S ( ) Delete  
Name: AGUIRRE, JACQUELINE  
Address: 1642 GLEN HAVEN CIRCLE  
City-St-Zip: OCOEE, FL 34761

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK JOSEPH MORRISON

T

08/17/2006

Electronic Signature of Signing Officer or Director

Date