

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000126127

**FILED**  
**Dec 13, 2005**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA INFUSION & HEALTHCARE SERVICES, INC

**Current Principal Place of Business:**

407 W. OAK ST  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

13502 HAWKEYE DR  
ORLANDO, FL 32837

**New Mailing Address:**

P.O. BOX 420150  
KISSIMMEE, FL 34742

**FEI Number:** 20-0156442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABABON, ALAN  
13502 HAWKEYE DR  
ORLANDO, FL 32837 US

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

ABABON, ALAN  
4812 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 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: ALAN ABABON

12/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABABON, NITA R  
Address: 13502 HAWKEYE DR  
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete  
Name: SCOTT, MARJORIE  
Address: 11335 RAPALLO  
City-St-Zip: WINDERMERE, FL 34786

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

Title: P (X) Change ( ) Addition  
Name: ABABON, NITA R  
Address: 4812 BRIGHTMOUR CIRCLE  
City-St-Zip: ORLANDO, FL 32837

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 Section 119.07(3)(i), 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: NITA ABABON

P

12/13/2005

Electronic Signature of Signing Officer or Director

Date