

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126127

FILED
Apr 12, 2006
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:

P.O. BOX 420150
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 20-1564424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABABON, ALAN
4812 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABABON, NITA R
Address: 4812 BRIGHTMOUR CIRCLE
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: () 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: NITA R. ABABON

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date