2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P05000001221

Entity Name: MEDIC, INFUSION, P.A.

Current Principal Place of Business:

1441 TAMIAMI TRAIL
STE 341, PORT CHARLOTTE TOWN CTR MALL
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

2525 HARBOR BOULEVARD
SUITE 201-B
PORT CHARLOTTE, FL 33952

Current Mailing Address:

1441 TAMIAMI TRAIL
STE 341, PORT CHARLOTTE TOWN CTR MALL
PORT CHARLOTTE, FL 33948

New Mailing Address:

2525 HARBOR BOULEVARD
SUITE 201-B
PORT CHARLOTTE, FL 33952

FEI Number: 20-2094100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METYK, MICHAEL
246 E TARPON BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

METYK, MICHAEL R
246 E TARPON BLVD
PORT CHARLOTTE, FL 33952 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: MICHAEL R. METYK 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: METYK, MICHAEL
Address: 246 E TARPON BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete
Name: METYK, MICHAEL
Address: 246 E TARPON BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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 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: MICHAEL R. METYK DR. 01/20/2009
Electronic Signature of Signing Officer or Director Date