2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# P06000115000

Entity Name: FLORIDA AMBULATORY INFUSION CENTERS, INC.

Current Principal Place of Business:

3901 E. COLONIAL DR.,
SUITE C-2
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3901 E. COLONIAL DR.,
SUITE C-2
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-5650887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARLMAN, CRAIG ESQ.
2 SOUTH ORANGE AVE., 5TH FLOOR
ORLANDO, FL 32802 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: PCEO
Name: ADAMS, N. LOIS
Address: 308 PALMWAY LANE
City-St-Zip: ORLANDO, FL 32828

Title: SD
Name: BISZICK, MERYL A
Address: 327 FRESHWATER CT.
City-St-Zip: ORLANDO, FL 32825

Title: VT
Name: MCCULLY, PHILIP C
Address: 1345 HARDY ST.
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: MURRAY, LOUIS C
Address: 900 S. DELANEY ST.
City-St-Zip: ORLANDO, FL 32806

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: N. LOIS ADAMS PD 02/05/2010

Electronic Signature of Signing Officer or Director Date