

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# P07000066761

Entity Name: BTN INFUSION INC.

Current Principal Place of Business:

6442 49TH AVE N
ST PETERSBURG, FL 33709

New Principal Place of Business:

6936 W. LINEBAUGH AVE
SUITE 102
TAMPA, FL 33625

Current Mailing Address:

6442 49TH AVE N
ST PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 26-0312255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASNA, ROBERT P
6442 49TH AVE N
ST PETERSBURG, FL 33709 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

OFFICERS AND DIRECTORS:

Title: P/TR () Delete
Name: CASNA, ROBERT P
Address: 6442 49TH AVE N
City-St-Zip: ST PETERSBURG, FL 33709

Title: VP () Delete
Name: CASNA, JUDITH A
Address: 6442 49TH AVE N.
City-St-Zip: ST PETERSBURG, FL 33709

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: ROBERT P. CASNA

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date