

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27083 (5)

1. Corporation Name

KIMBERLY QUALITY CARE INFUSION THERAPY SERVICES,
INC.



Principal Place of Business

Mailing Address

175 BROAD HOLLOW ROAD
MELVILLE NY 22747
US

10890 BENSON DRIVE
S200
OVERLAND PARK KS 66210
US

3. Date Incorporated or Qualified

11/29/1989

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

11-2539831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME BOELEN, THOMAS M

1.2 NAME

STREET ADDRESS 175 BROAD HOLLOW ROAD

1.3 STREET ADDRESS

CITY-ST-ZIP MELVILLE, NY 11747-8905

1.4 CITY-ST-ZIP

✓ SEE ADDRESS CHANGE

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME FUSCO, THOMAS A

2.2 NAME

STREET ADDRESS 175 BROAD HOLLOW ROAD

2.3 STREET ADDRESS

CITY-ST-ZIP MELVILLE, NY 11747-8905

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME LADEROUTE, LAURIN L JR.

3.2 NAME

STREET ADDRESS 175 BROAD HOLLOW ROAD

3.3 STREET ADDRESS

CITY-ST-ZIP MELVILLE, NY 11747-8905

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☒ DELETE

4.1 TITLE

NAME LUMPKIN, STEVE

4.2 NAME

STREET ADDRESS 175 BROAD HOLLOW ROAD

4.3 STREET ADDRESS

CITY-ST-ZIP MELVILLE, NY 11747-8905

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☒ DELETE

5.1 TITLE

NAME HART, BRADLEY D.

5.2 NAME

STREET ADDRESS 175 BROAD HOLLOW ROAD

5.3 STREET ADDRESS

CITY-ST-ZIP MELVILLE, NY 11747-8905

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018764

CR2E037 (3/96)