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95 MAY -2 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000073407

1. Corporation Name
HEALTH ALLIANCE HOME INFUSION, INC.

900001475189
-05/04/95--01005--014
****213.75 ****213.75

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10 22 93
3a. Date of Last Report:

4. FEI Number: 65-0445935 ☐ 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

2. Principal Place of Business
21 2335 AARON ST.
Suite, Apt. #, etc. 22
City & State 23 FT. CHARLOTTE FLORIDA
Zip 24 33952 Country 25 U.S.

2a. Mailing Address
26 2335 AARON ST.
Suite, Apt. #, etc. 27
City & State 28 FT CHARLOTTE FLORIDA
Zip 29 33952 Country 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: ALAN L. CHILDERS
82 Street Address (P.O. Box Number is Not Acceptable): 9131 SW 150 AVE
83
84 City: MIAMI FL 85 Zip Code: 33196

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alan L. Childers ALAN L. CHILDERS PRESIDENT 4-17-95 DATE
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	ALAN L. CHILDERS	
13 STREET ADDRESS	9131 SW 150 AVE	
14 CITY ST ZIP	MIAMI, FL 33196	
21 TITLE	TREASURER	☒ Change ☐ Addition
22 NAME	ALAN L. CHILDERS	
23 STREET ADDRESS	9131 SW 150 AVE	
24 CITY ST ZIP	MIAMI, FL 33196	
31 TITLE	SECRETARY	☒ Change ☐ Addition
32 NAME	ALAN L. CHILDERS	
33 STREET ADDRESS	9131 SW 150 AVE	
34 CITY ST ZIP	MIAMI, FL 33196	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan L. Childers ALAN L. CHILDERS PRESIDENT 4-17-95 (813) 627-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number