

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 010 ***150.00

DOCUMENT #

1. Entity Name

P 9300.0073407
HEALTH ALLIANCE HOME INFUSION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3028 CARING WAY

3028 CARING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #10

SUITE #10

City & State

City & State

PORT CHARLOTTE FL

PORT CHARLOTTE FL

Zip

Country

Zip

Country

33952

USA

33952

USA

4. FEI Number

Applied For

Not Applicable

65-0445935

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN L. CHILDERS

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

4408 NORTHSORE DRIVE

City

CHARLOTTE HARBOR

FL

Zip Code

33980

**DO NOT WRITE
IN THIS SPACE**

8. 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

ALAN L. CHILDERS PTS

4-16-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTS
CHILDERS, ALAN L.
4408 NORTHSORE DRIVE
CHARLOTTE HARBOR FL 33980

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALAN L. CHILDERS PTS

4-16-02

941-628-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #