

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90106 024 ***158.75

DOCUMENT # P93000073407



1. Entity Name
HEALTH ALLIANCE HOME INFUSION, INC.

Principal Place of Business
**3028 CARING WAY
SUITE #10
PT. CHARLOTTE FL 33952**

Mailing Address
**3028 CARING WAY
SUITE #10
PT. CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0445935**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHILDERS, ALAN L
4408 NORTSHORE DRIVE
CHARLOTTE HARBOR FL 33980**

7. Name and Address of New Registered Agent

Name **CHILDERS ALAN L (TRUSTEE)**
Street Address (P.O. Box Number is Not Acceptable) **4408 NORTSHORE DRIVE**
City **CHARLOTTE HARBOR** FL Zip Code **33980**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALAN L. CHILDERS (TRUSTEE)**

1-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ Delete
NAME **CHILDERS, ALAN L**
STREET ADDRESS **4408 NORTSHORE DRIVE**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☒ Change ☐ Addition
NAME **CHILDERS ALAN L. (TRUSTEE)**
STREET ADDRESS **4408 NORTSHORE DRIVE**
CITY-ST-ZIP **CHARLOTTE HARBOR, FLORIDA 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALAN L. CHILDERS TRUSTEE

1-28-03

941 628 241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)